## DOCUMENT RESUME

ED 162 239 CG 013 015

| | |
|---|---|
| AUTHOR | Bradley, Chet E., Ed. |
| TITLE | Health Education: A Planning Resource for Wisconsin Schools. |
| INSTITUTION | Wisconsin State Dept. of Public Instruction, Madison. Div. of Instructional Services. |
| PUB DATE | 77 |
| NOTE | 155p. |
| EDRS PRICE | MF-$0.83 HC-$8.69 Plus Postage. |
| DESCRIPTORS | *Curriculum Development; *Curriculum Guides; Curriculum Planning; Elementary Secondary Education; Guidelines; *Health Education; *Health Programs; *Performance Based Education; *Program Planning |
| IDENTIFIERS | *Wisconsin |

ABSTRACT

A K-12 health education curriculum can be developed in a school district as a result of using this Planning Resource. Part I offers a practical curriculum planning process. Part II identifies broad health competencies in four major content areas: mental health, physical health, safety and community health. Part III offers references, and includes various appendices such as supporting statements about health education and state statutes. (EM)

***********************************************************************
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
***********************************************************************

ED162239

# HEALTH EDUCATION

## A PLANNING RESOURCE for WISCONSIN SCHOOLS

CG013015

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

B Thompson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Wisconsin Department of Public Instruction
Barbara Thompson, Ph.D., State Superintendent

# HEALTH EDUCATION
# A PLANNING RESOURCE
# for
# WISCONSIN SCHOOLS

CHET E. BRADLEY
COORDINATOR/EDITOR
LUIDA SANDERS
ASSOCIATE EDITOR

1977

Published by the Pupil Services Section, Division for Instructional Services, Wisconsin Department of Public Instruction

Robert C. Van Raalte, Assistant Superintendent for Instructional Services
Russell C. Mosely, Deputy Administrator and Curriculum Coordinator

PUPIL SERVICES STAFF

Richard R. Roth, Ph.D., Director, Pupil Services

C. Lee Bracken, Coordinator--Wisconsin Instant Information System for Students and Counselors
Chet E. Bradley, Supervisor--Health Education
I. Lorraine Davis, Supervisor--School Social Work Services
Jean Di Ulio, Education Services Assistant--Alcohol and Other Drugs Project
William J. Erpenbach, Ph.D. Supervisor--Counseling and Guidance Services
Leonard W. Pennington, Supervisor--School Psychological Services
Donald W. Severson, Supervisor--Counseling and Guidance Services

Wisconsin educational institutions and agencies may reproduce this publication in whole or in part without written permission from the Department of Public Instruction.

Copyright 1977 by the Wisconsin Department of Public Instruction. First edition published 1977. Printed in the United States of America.

Bulletin No. 9020

# CONTENTS

Foreword . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . iii
Acknowledgements . . . . . . . . . . . . . . . . . . . . . . . . . . . iv
Introduction . . . . . . . . . . . . . . . . . . . . . . . . . . . . . iv
How To Use . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . vi
Cross Reference With Wisconsin's Goals . . . . . . . . . . . . . . . . vii
Coding System and Guideline Organization Chart . . . . . . . . . . . . x
Definitions. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . xii

PART I

A Continuous Path Toward a School Health Education Program with Considerations for Achieving Success at Each Step. . . . . . . . . . . . I-1
Resources for Part I . . . . . . . . . . . . . . . . . . . . . . . . . I-17

Part II

Competencies in Mental Health. . . . . . . . . . . . . . . . . . . . . II-1
Topics Related to Mental Health Competencies . . . . . . . . . . . . . II-5
Competencies in Physical Health. . . . . . . . . . . . . . . . . . . . II-17
Topics Related to Physical Health Competencies . . . . . . . . . . . . II-21
Competencies in Safety . . . . . . . . . . . . . . . . . . . . . . . . II-31
Topics Related to Safety Competencies. . . . . . . . . . . . . . . . . II-35
Competencies in Community Health . . . . . . . . . . . . . . . . . . . II-47
Topics Related to Community Health Competencies. . . . . . . . . . . . II-51

PART III

Suggested Activity Sheet Format. . . . . . . . . . . . . . . . . . . . III-1
Outline of Basic Elements for a Local Curriculum . . . . . . . . . . . III-9
Organizational and Support Considerations for School Health Education. . III-10
Certification Requirements for Health Teachers . . . . . . . . . . . . III-11
Minimal Standards for Approved Teacher Preparation Programs in Health Education. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . III-12
Wisconsin State Statutes -- Health Instruction . . . . . . . . . . . . III-15
Task Force Report -- Health Education. . . . . . . . . . . . . . . . . III-18
Goals for Elementary and Secondary Public Education. . . . . . . . . . III-22
The Need for Health Education: Prevention is Cheaper Than Correction . . III-26
Position Paper on Family Education . . . . . . . . . . . . . . . . . . III-32
Food...Your Choice, A Nutrition Learning System. . . . . . . . . . . . III-39
Health Publications. . . . . . . . . . . . . . . . . . . . . . . . . . III-43

# FOREWORD

The Wisconsin Department of Public Instruction believes that school health education has the potential to be one of the most rewarding, practical and vital instructional programs among those included in our educational system. We join those educators and others who believe that health education programs must be preventive at all levels. We agree with Ronald Vincent, M.D., who has stated:

> For our cigarette users we build heart, cancer and respiratory disease institutes. For our alcoholics, addicts and venereal disease sufferers, we build diagnostic and rehabilitation centers, with mental hospitals and correctional institutes held in reserve. All of these with so little thought or research given to support the thesis that if our youth were given relevant information systematically and professionally, at a time in their lives when it could be of some value, they might very well solve the majority of these problems themselves with that selfsame common sense that we do not give them credit for having. I propose to you, that if a solution to these medical problems does not come by the positive decisions of an enlightened youth, the solution is not likely to come at all.*

It is our belief that quality school health education programs will continue to grow throughout Wisconsin with learning activities that emphasize and nurture a positive health lifestyle for our youth and future adults. Finally, the material within this document reflects the input provided by local school districts, universities, health professionals and the state advisory council on health problems education. It is not mandated for local adoption. It is designed only to provide a wide range of ideas for persons to consider when planning a local health education program. It is our hope that this document will become a resource reflecting the constant change in current health information. Thus, we strongly encourage all who review it to provide us with suggestions for significant changes and improvements.

Barbara Thompson, Ph.D.
State Superintendent

---

*Ronald G. Vincent, M.D., "Physicians Role in the Health Program," New York State Association Journal for Health, Physical Education and Recreation, Spring 1970.

5

## ACKNOWLEDGMENTS

This publication has been developed through the efforts of many individuals and agencies. We are particularly grateful to the professional staff from local schools, universities and health agencies in Wisconsin who made major contributions and provided maximal local input into the development of this document over the past two years. Evaluation of the working draft in 1975 by eighty-nine Wisconsin school districts provided us with most valuable comments and suggestions for improvements. This edition reflects their suggestions as well as those of the Wisconsin universities who thoroughly analyzed and commented on the working draft.

Finally, the state health education ad hoc curriculum committee is recognized for their time, effort and professional contributions in the entire development process. Members who actively served over the years include:

Robert Bowen
Jerry Carel
John Curtis
Jean Di Ulio
Richard Hardy
Jon Hisgen
Donald Johnson
William Kane
Danna Munson
Emogene Nelson
Richard Papenfuss
Charles Regin
Luida Sanders
Marti Sopher
James Toennies

Final editing and publishing of this document was the responsibility of the Department of Public Instruction, Division for Instructional Services, Section of Pupil Services.

## INTRODUCTION

The teaching of health topics has a long history in Wisconsin schools -- at least in the statutes. Recognition that health education is critically important for everyone also has a long history in Wisconsin -- at least in theoretical statements. Yet failure to employ qualified health education teachers, to give them adequate resources, and to make minimal provision for class time for health education has a long history in Wisconsin, too.

Happily, times are changing. There is increasing recognition of personal responsibility for individual, family and community health. There is widespread concern about the increasing cost of medical and other health care as well as the failure to use the results of expensive health-related research. At the same time, experience with promising new and exciting methods of health education is accumulating in our state and across the country. Wisconsin statutes relating to health education have been strengthened. Certification of secondary health teachers is mandatory.

Suggested in Part I is a practical curriculum planning process, "A Continuous Path Toward a School Health Education Program with Considerations for Achieving Success at Each Step." In Part II, broad health competencies have been identified in four major content areas: mental health, physical health, safety, and community health. The competencies illustrated in this document are broad learner outcomes which are important for balanced intellectual, social, emotional and physical growth. The competencies which have been identified are consistent with and support "Wisconsin's Goals for Elementary and Secondary Education" adopted by the State Superintendent upon the recommendation of a distinguished task force. A beginning list of possible topics for developing course goals, learner objectives, and learning activities is suggested under each major competency.

The document is completed in Part III, the reference section. It includes various appendices such as supporting statements about health education, relevant state statutes, and the like.

The scope of the kindergarten through grade 12 health education curriculum that is developed in a local school district as a result of using this "Planning Resource" will vary from that developed by neighboring districts and by others across the state. However, all of them may have such basic characteristics as the following ten items which were recommended by the State Superintendent's "Task Force on Establishing Criteria for Health Education." This task force agreed that the school health education program should:

1. be aimed at prevention of individual physical, emotional and social health problems
2. be one that provides a healthful school environment which reinforces what is being taught in the classroom
3. include instruction in the major areas of physical health, social health, mental health, environmental and community health, and education for survival
4. be developed through cooperative planning by educators, students, parents, and other advisory committee members
5. be designed to promote and develop positive attitudes and practices toward the solution of public health problems
6. be based upon current and scientifically accurate health information
7. bridge the gap between health information and health practices
8. be coordinated on a multi-disciplinary basis with related subjects
9. focus on the positive aspects of optimal health and not be totally centered on the study of health problems
10. facilitate the exploration and use of innovative and creative instructional methods which actively involve students in the achievement of established objectives

# HOW TO USE THIS RESOURCE

First, it should be noted that this publication was not designed to be a finished health education curriculum or course of study to be placed in the hands of teachers as a teaching guide.

Second, it will not make local health education curriculum planning possible in a short workshop or as an additional assignment for an already busy teacher or administrator.

It does have the potential, however, as a planning guideline to make health education planning one of the most exciting, innovative and productive activities you will ever undertake.

This document is intended for use by the district health education coordinator and other instructional leaders who work with committees, an advisory council or other individuals and groups. They will need time to go through the curriculum process outlined in Part I, "The Continuous Path Toward a School Health Education Program." Only after there is a solid administrative support, Step 1, and serious thought and consideration given to each of the following steps on the process map can the actual curriculum work begin using Part II and Part III of this Guideline.

It should also be noted that the use of this document, in whole or in part, is not mandatory, and it is no panacea. Any district may choose other approaches to planning for its school health education program that will meet the needs of its students, the local community and comply with state statutes. However, districts are urged to review the document carefully and decide if it has any value as a resource in their curriculum planning.

In addition to its basic design for use in district-wide curriculum planning, we feel the publication has the potential for use as:

1. a resource for evaluating a school's current program
2. a resource for planning teacher inservice programs
3. a resource for providing information to the public about the scope of today's health education curriculum
4. a resource for teacher preparation institutions in both preservice and graduate programs

Finally, this document will never be finished. Additions, deletions, revisions, and supplements are expected to be made as experience with this guideline format grows. Everyone who uses it is urged to contribute to its continuous improvement.

## Cross Reference

## Health Competencies with Wisconsin's Goals

## For Elementary and Secondary Public Education

"Goals for Elementary and Secondary Public Education" were developed by a distinguished task force of Wisconsin citizens in 1972. They were adopted by the State Superintendent of Public Instruction in 1973.

All of the competencies illustrated in this guideline support one or more of these goals. Those that are particularly pertinent to specific goals are listed below by competency code number together with the state's goal. The first digit of the code indicates the major health content area: 1. Mental Health, 2. Physical Health, 3. Safety and 4. Community Health. The second digit is the number of the specific competency. Possible topics are grouped under each competency and are identified by the third digit.

### MENTAL AND PHYSICAL HEALTH

The student shall:

1. have the basic physical and mental health necessary for his/her optimum growth and development

   2.6; 2.6.3

2. understand the emotional and social aspects of human sexuality

   1.6; 1.7; 2.4

3. understand the interrelationship of mental and physical health

   1.1.1; 2.1.1; 3.1.1

4. have an awareness of and an incentive to use community resources essential to assure his/her optimum mental and physical health

   1.10; 2.8; 4.1.1; 4.1.2; 4.2.2

5. recognize leisure time activities as a vital part of human life, and possess sufficient skill and interest in an area of activity other than that of his vocational choice to be able to make constructive use of leisure time

   3.5

6. demonstrate knowledge, use and appreciation of safety principles, concepts and practices

   entire safety section 3.1 through 3.9; 1.1.3; 2.1.3; 4.1.3

9

7. possess knowledge concerning the various body systems and how they are affected by dietary habits, physical and mental activity, drugs, alcohol, tobacco and poisons

   1.9; 2.3; 2.5; 2.6; 2.7; 4.4

## CAREER EDUCATION AND OCCUPATIONAL COMPETENCE

The student shall:

2. have acquired a knowledge and understanding of opportunities open to him/her for preparing for a productive life

   4.6.1; 4.6.2; 4.6.3

## CITIZENSHIP AND POLITICAL UNDERSTANDING

The student shall:

2. understand the importance of effective participation in fulfilling his/her obligation to society

   4.1; 4.2; 4.3; 4.5

## HUMAN RELATIONS

The student shall:

1. understand, appreciate and respect one's self

   1.4; 1.5; 1.8; 3.2.1; 3.2.2; 4.2.1

4. possess the skills and attitudes necessary to assure the continuing development of:

   a. respect for the rights of one's self and others
   b. the ability to form satisfying and responsible relationships with a wide variety of people
   c. skill in group relations
   d. the ability to initiate and maintain personal friendships
   g. the ability to manage conflicts in value

      1.5; 1.8; 3.5.8; 3.8.1

## SELF-REALIZATION

The student shall:

1. know and respect himself/herself
2. recognize his/her strengths and limitations in setting personal goals
3. develop his/her interests and potentials in order to achieve those personal goals

   1.3; 1.4; 4.6

## PHYSICAL ENVIRONMENT

The student shall:

1.a. have an understanding of the social, economic, and political implications of population growth
  d. have an understanding of how people and technology alter the natural and physical environment

2.2.2; 4.2.2; 4.3.1; 4.3.2; 4.3.4

2. acquire knowledge and skills which enable them to:

  a. improve their personal environment
  d. plan an active role in preserving and improving the environment
  e. engage in environmentally compatible life styles

1.2; 2.2; 3.8; 4.2.1

## ECONOMIC UNDERSTANDING

The student shall:

5. be aware of the agencies which assist and protect consumers

2.6.4; 3.8.2; 4.2.3

## CULTURAL APPRECIATION

The student shall:

2. have the experience and skills necessary for the creative use of leisure time

3.5.1 through 3.5.8 inclusive

## CREATIVE, CONSTRUCTIVE AND CRITICAL THINKING

The student shall:

3. have skills in the logical processes of search, analysis, evaluation and abstract thinking

1.10; 2.8; 3.9; 4.7

## BASIC SKILLS

The student shall:

5. use problem solving techniques and processes used in decision making

Opportunities to use problem solving techniques occur throughout the document. Health topics which relate directly to the student, the family and the community have an immediate as well as long range impact and are highly interesting to students.

Each health competency is identified by a CODING SYSTEM with a two-digit number, and the topics under each competency are given three digits. The first number indicates the major health content area:

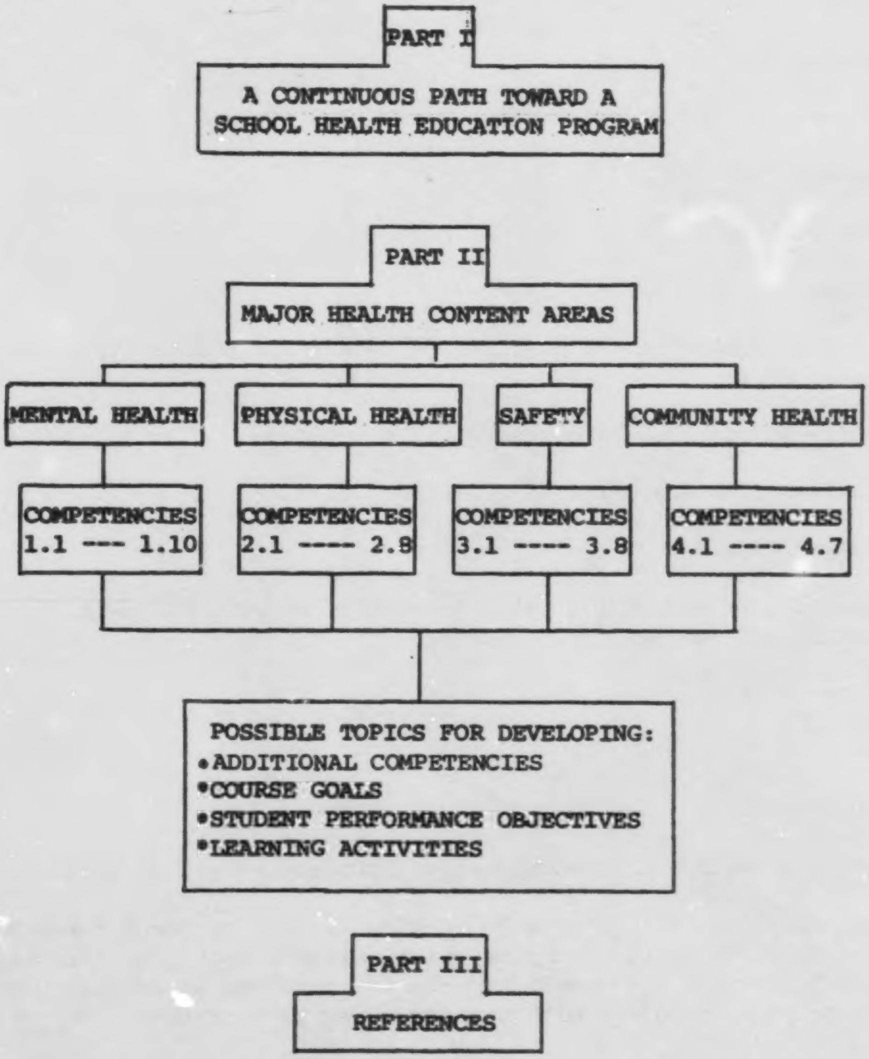
1. Mental Health (1.1 through 1.10)
2. Physical Health (2.1 through 2.8)
3. Safety (3.1 through 3.8)
4. Community Health (4.1 through 4.7)

The second digit is the number of a specific competency under the content area. Possible topics are grouped under each competency and are identified by the third digit.

Example: topics related to "school accidents" are found under 3.3.3, i.e. safety area, third competency, third group of possible topics.

Chart A

The following diagram illustrates the arrangement of the parts of this document.


PART I
A CONTINUOUS PATH TOWARD A SCHOOL HEALTH EDUCATION PROGRAM
PART II
MAJOR HEALTH CONTENT AREAS
MENTAL HEALTH
PHYSICAL HEALTH
SAFETY
COMMUNITY HEALTH
COMPETENCIES 1.1 --- 1.10
COMPETENCIES 2.1 ---- 2.8
COMPETENCIES 3.1 ---- 3.8
COMPETENCIES 4.1 ---- 4.7
POSSIBLE TOPICS FOR DEVELOPING:
•ADDITIONAL COMPETENCIES
•COURSE GOALS
•STUDENT PERFORMANCE OBJECTIVES
•LEARNING ACTIVITIES
PART III
REFERENCES

# DEFINITIONS

A definition is "the formal statement of meaning or significance of a word, phrase, etc." (Random House Dictionary) The following statements are the definitions adopted for key words and phrases which are used throughout this publication. Other publications may use variations of these definitions depending on the authors' philosophical viewpoints and practical needs. Variation does not mean that one is necessarily more correct than another. It does mean that users of this publication need to be aware of how these words and phrases are being applied as they study Part I, II and III. Thus for our purposes the following definitions were found to be useful:

## TOTAL HEALTH

Total health refers to the life long interrelatedness, interdependence, constant interaction, and balance of the physical, emotional, social and intellectual dimensions of human growth and development.

## SCHOOL HEALTH EDUCATION

School health education is the development, delivery, and evaluation of planned learning activities which are developmental and sequential, kindergarten through grade 12, and are designed to positively influence the total health knowledge, attitudes and behavior of each individual.

## HEALTH EDUCATION CURRICULUM GUIDELINE

A health education curriculum guideline is a publication designed to provide ideas, directions, suggestions and resources to persons planning, developing or coordinating a health education program. It is not a teaching guide.

## SCOPE AND SEQUENCE OUTLINE

A scope and sequence outline details the major topical areas covered along with their placement at various grade levels in the health education curriculum, K-12.

## SCHOOL HEALTH EDUCATION COORDINATOR

School health education coordinator is a person who provides the leadership and direction for planning, implementing and evaluating a district-wide, comprehensive health education program required by State Statute 121.02 (1).

## COMPETENCIES

Competencies are learner outcomes or expectations which evolve from the knowledge, understandings, attitudes and skills that are important to function as an adult in society.

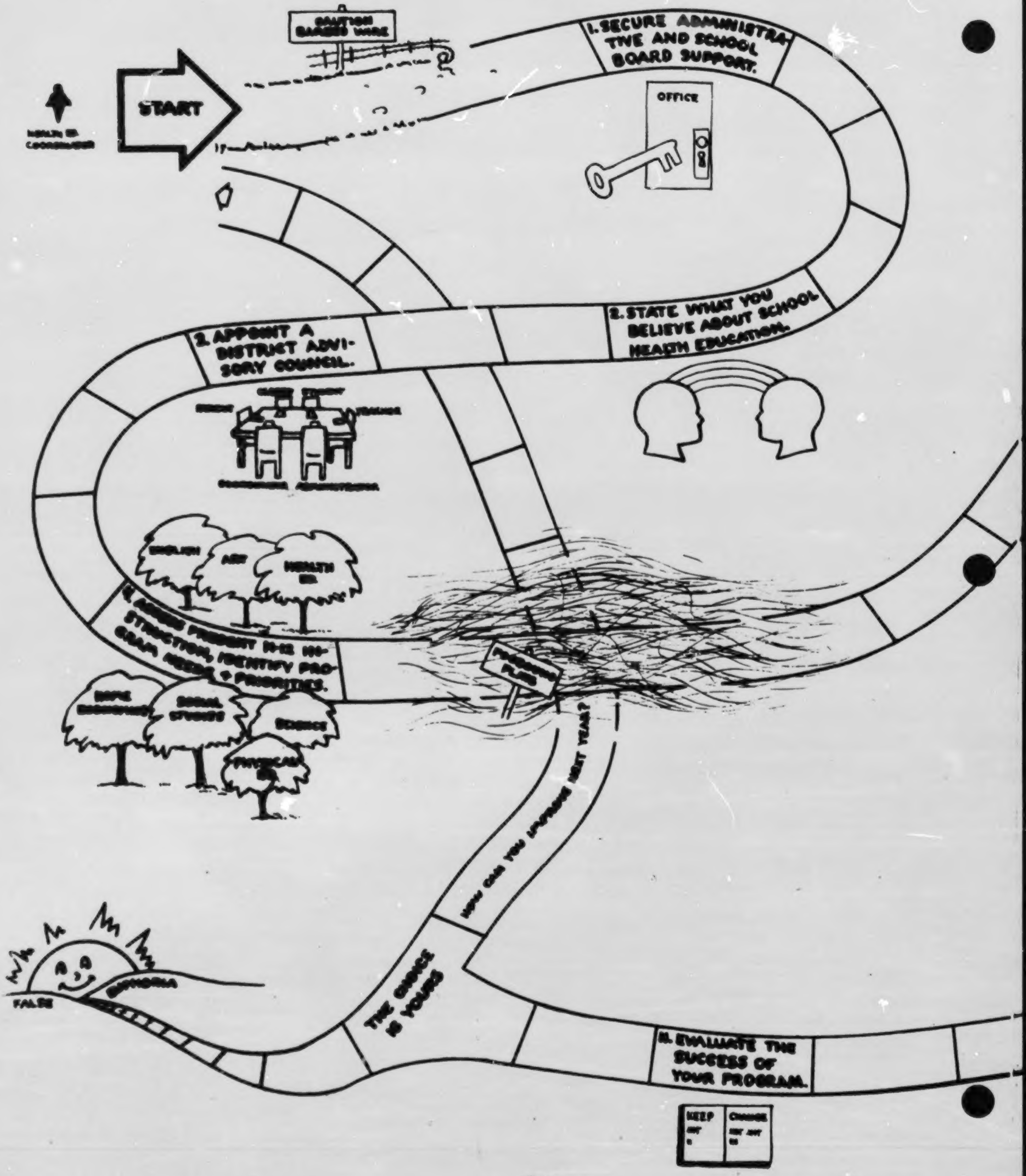
## HEALTH COMPETENCIES

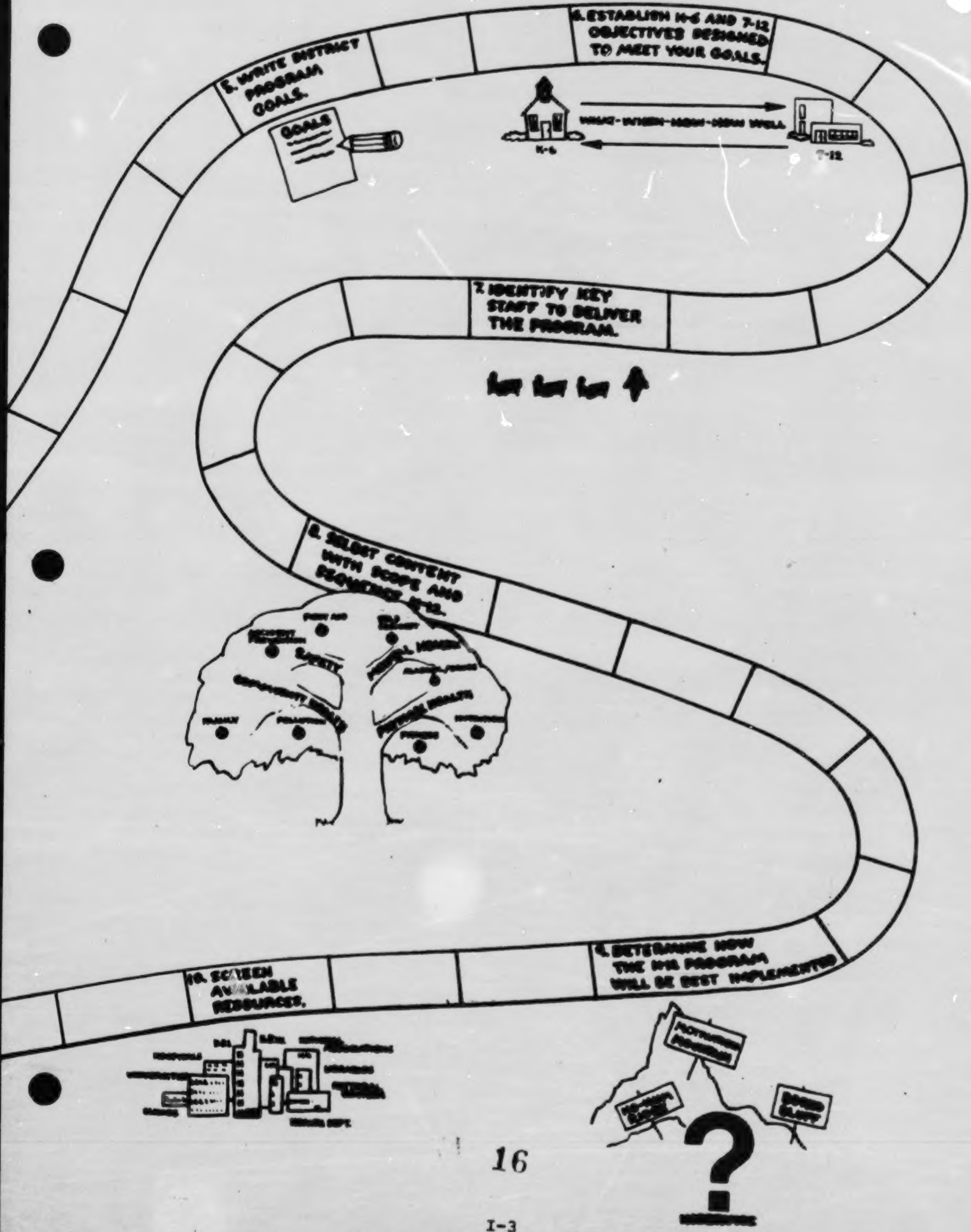
Health competencies are learner outcomes or expectations which include the knowledge, understandings, attitudes and skills that are important for balanced intellectual, social, emotional and physical growth and development.

# A CONTINUOUS PATH
# TOWARD A
# SCHOOL HEALTH EDUCATION PROGRAM
# WITH
# CONSIDERATIONS FOR ACHIEVING SUCCESS
# AT EACH STEP

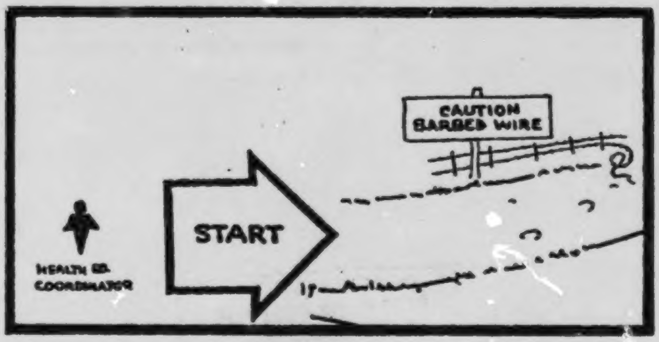
The steps and considerations illustrated on the following pages are suggestions only and should not be interpreted as being an inflexible process for curriculum development. Local districts must decide the process and the sequence of events which they will follow.

# A Continuous Path Toward A School Health Education Program


HEALTH ED. COORDINATOR
START
CAUTION BARBED WIRE
1. SECURE ADMINISTRATIVE AND SCHOOL BOARD SUPPORT.
OFFICE
2. STATE WHAT YOU BELIEVE ABOUT SCHOOL HEALTH EDUCATION.
2. APPOINT A DISTRICT ADVISORY COUNCIL.
CLERGY
STUDENT
PARENT
TEACHER
COORDINATOR
ADMINISTRATOR
ENGLISH
ART
HEALTH ED.
4. ASSESS PRESENT K-12 INSTRUCTION, IDENTIFY PROGRAM NEEDS + PRIORITIES.
HOME ECONOMICS
SOCIAL STUDIES
SCIENCE
PHYSICAL ED.
HOW CAN YOU IMPROVE NEXT YEAR?
THE CHOICE IS YOURS
FALSE
EUPHORIA
11. EVALUATE THE SUCCESS OF YOUR PROGRAM.
KEEP
CHANGE


5. WRITE DISTRICT PROGRAM GOALS.
GOALS
6. ESTABLISH K-6 AND 7-12 OBJECTIVES DESIGNED TO MEET YOUR GOALS.
WHAT - WHEN - HOW - HOW WELL
K-6
7-12
7. IDENTIFY KEY STAFF TO DELIVER THE PROGRAM.
8. SELECT CONTENT WITH SCOPE AND SEQUENCE K-12.
FIRST AID
SAFETY
COMMUNITY HEALTH
FAMILY
9. DETERMINE HOW THE HE PROGRAM WILL BE BEST IMPLEMENTED
10. SCREEN AVAILABLE RESOURCES.
HOSPITALS
HEALTH DEPT.

# CONSIDERATIONS FOR ACHIEVING SUCCESS AT EACH STEP ON A CONTINUOUS PATH TOWARD A SCHOOL HEALTH EDUCATION PROGRAM



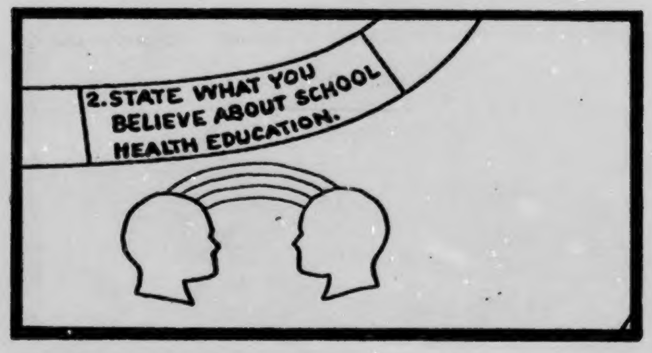
START: HEALTH EDUCATION COORDINATOR

- Assess personal skills, strengths, and ideas concerning school health education
- Prepare proposed policy outline describing future direction for school health education
- Know and understand statutory requirements for school health education
- Document why school health education and what difference you believe it will make

I. SECURE ADMINISTRATIVE AND SCHOOL BOARD SUPPORT.
OFFICE

## 1. SECURE ADMINISTRATIVE AND SCHOOL BOARD SUPPORT

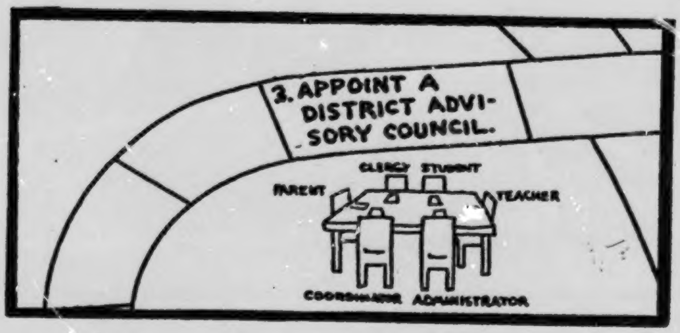
- Clarify role and function of the school health education coordinator
- Open two-way communication
  - Know chain of command
  - Expand listening skills
  - Plan continuous feedback
  - Present proposed outline for future school health education activities with documented support
  - Provide for total school/parent/community awareness and interaction
- Secure fiscal support for total program
- Justify adequate time to coordinate



2.STATE WHAT YOU BELIEVE ABOUT SCHOOL HEALTH EDUCATION.

2. STATE WHAT YOU BELIEVE ABOUT SCHOOL HEALTH EDUCATION

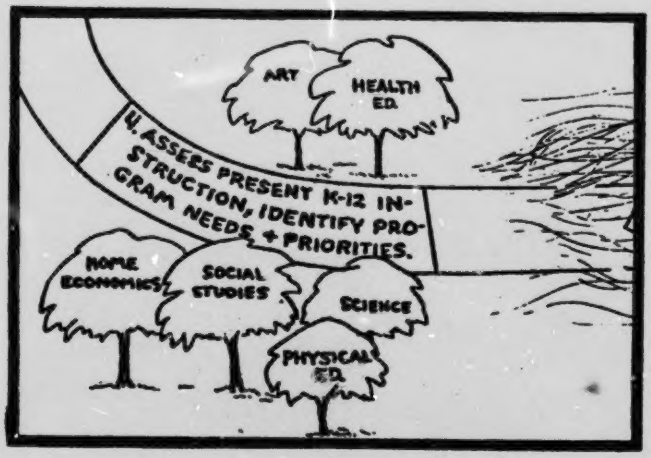
- Prepare district philosophy with administrative and school board support
- Provide local definitions for:
  - Total health
  - School health education
  - Prevention of health problems



3. APPOINT A DISTRICT ADVISORY COUNCIL.
CLERGY
STUDENT
PARENT
TEACHER
COORDINATOR
ADMINISTRATOR

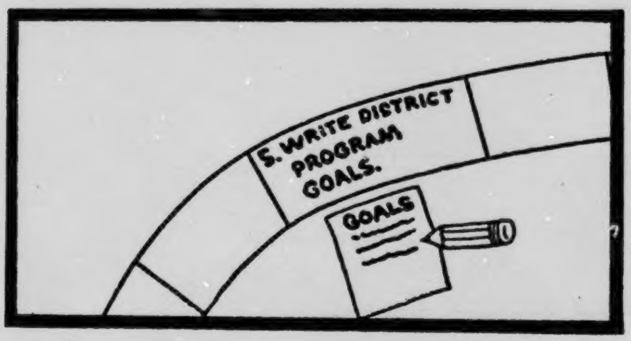
### 3. APPOINT A DISTRICT ADVISORY COUNCIL

- Consider criteria to be used in selecting persons who may best represent the views of the total community concerning school health education
- Seek representation from students, community health agencies, voluntary groups, clergy, parents, administration, teachers, etc.
- Decide on a workable number for effectiveness
- Define role and function of an advisory council
- Identify special interests and strengths of individual council members
- Secure agreement on local philosophy, program goals, definitions, and perceived needs
- Establish a long and short term plan of action
- Prepare a plan for continuous two-way communication


ART
HEALTH ED.
4. ASSESS PRESENT K-12 INSTRUCTION, IDENTIFY PROGRAM NEEDS + PRIORITIES.
HOME ECONOMICS
SOCIAL STUDIES
SCIENCE
PHYSICAL ED.

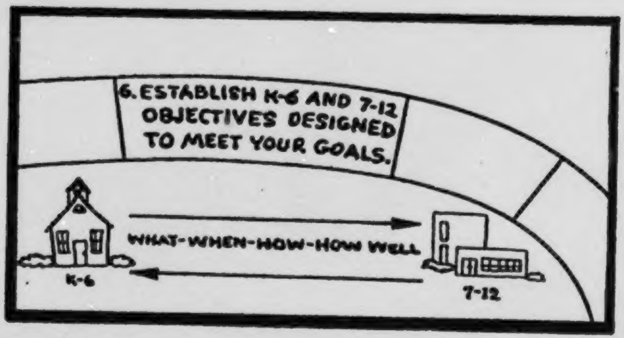
4. ASSESS PRESENT K-12 HEALTH INSTRUCTION, IDENTIFY PROGRAM NEEDS AND PRIORITIES

- Conduct assessment in cooperation with the advisory council and other involved publics
- Identify what presently exists K-12 (real)
  - In the elementary curriculum K-6
  - In health education courses 7-12
  - In other subject areas including health units 7-12
- Determine what you would like to see K-12 (ideal)
- Determine program needs by identifying the difference between the real and ideal
- Realistically list program needs in order of priority considering budget, time, staff, etc.


5. WRITE DISTRICT PROGRAM GOALS.
GOALS

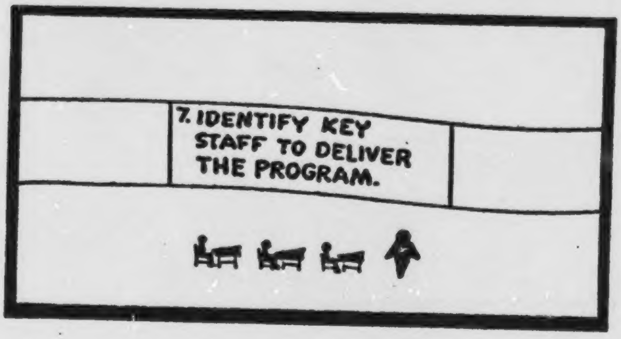
5. WRITE DISTRICT PROGRAM GOALS

- Develop goals which set forth realistic long-range program expectations
- Develop goals that reflect local philosophy, definitions, support, needs, and ability to deliver
- Develop goals that support and are consistent with Wisconsin's Goals for Elementary and Secondary Public Education


6. ESTABLISH K-6 AND 7-12
OBJECTIVES DESIGNED
TO MEET YOUR GOALS.
WHAT-WHEN-HOW-HOW WELL
K-6
7-12

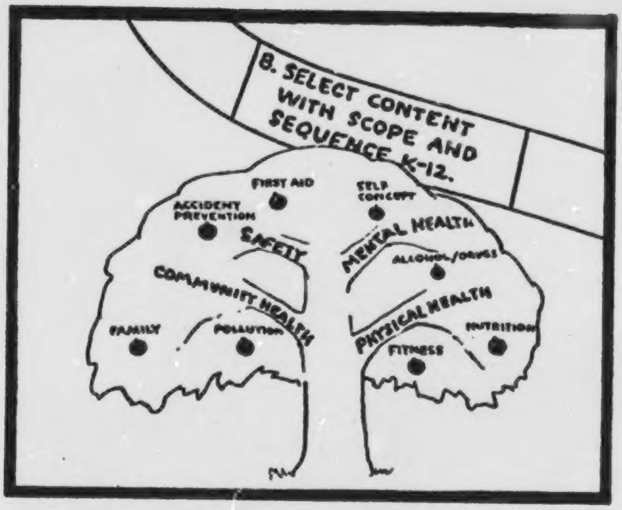
6. ESTABLISH K-6 AND 7-12 OBJECTIVES DESIGNED TO MEET YOUR GOALS

- State objectives for each program goal in terms of needs and a realistic delivery system
- Write objectives which:
  - Describe what the staff will do
  - Describe when and why the action will take place
  - Describe how it is to be done
  - Describe how it will be measured


7. IDENTIFY KEY STAFF TO DELIVER THE PROGRAM.

7. IDENTIFY KEY STAFF TO DELIVER PROGRAM

- Consider criteria to be used in selecting staff to deliver the program (i.e. teaching interest, competencies, etc.)
- Consider all of the following persons:
  - Health Education Coordinator
  - Certified health education staff with supervisory responsibility
  - K-6 classroom teachers providing health instruction
  - 7-12 certified health teachers responsible for teaching specific health courses
  - 7-12 staff in other disciplines who include health units identified as part of the total health education program
  - Administrative staff with curricular leadership responsibilities (director of instruction, curriculum coordinator, principal, etc.)

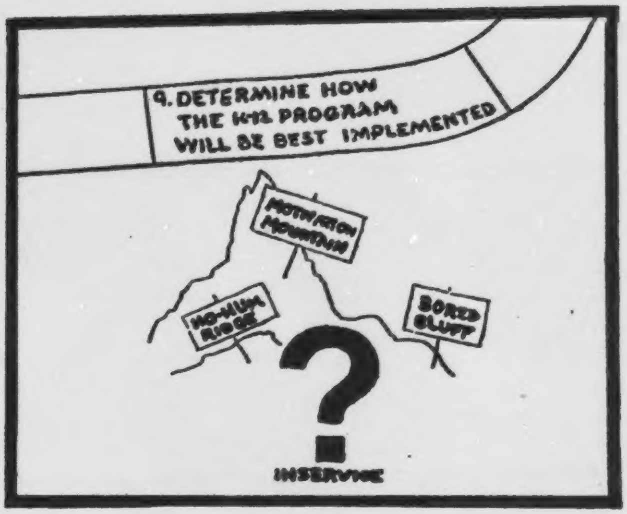

8. SELECT CONTENT WITH SCOPE AND SEQUENCE K-12.
FIRST AID
SELF CONCEPT
ACCIDENT PREVENTION
SAFETY
MENTAL HEALTH
ALCOHOL/DRUGS
COMMUNITY HEALTH
PHYSICAL HEALTH
FAMILY
POLLUTION
NUTRITION
FITNESS

## 8. SELECT CONTENT WITH SCOPE AND SEQUENCE K-12

- Outline K-12 scope and sequence identifying major health content areas to be included in the total program (i.e. physical Health) mental health, community health, and safety
- Identify key concepts or competencies under the major health content areas
- Identify topical areas to be included under selected concepts or competencies
- List performance indicators/objectives stated in terms of the learner (student) which describe:
  - What the student will do
  - Why and when the action will take place
  - How it is to be done
  - How it will be measured
- Develop learning activities designed to meet student performance indicators/objectives (i.e. lesson plans)

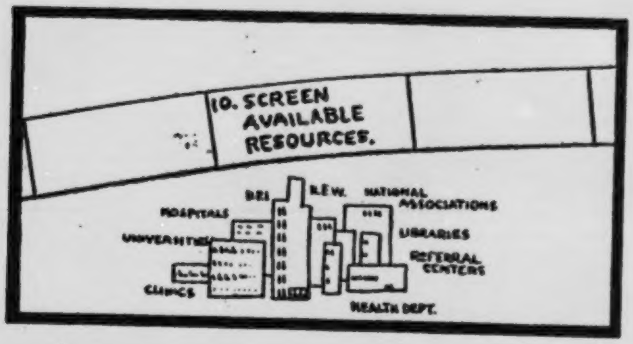
Note: Performance indicators/objectives must be realistic in terms of:

- Student growth and development
- Principles of learning
- Staff ability to deliver
- Class environment


9. DETERMINE HOW THE K-12 PROGRAM WILL BE BEST IMPLEMENTED
MOTIVATION MOUNTAIN
HO-HUM RIDGE
BORED BLUFF
?
INSERVICE

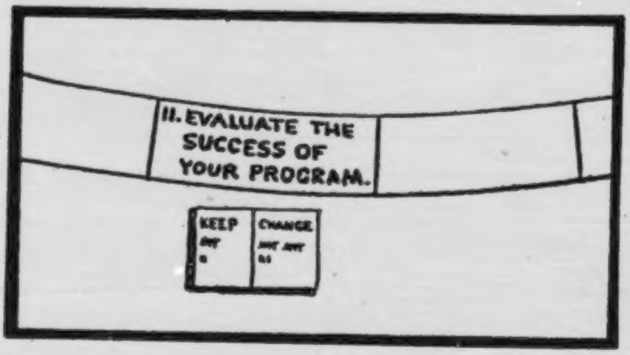
9. DETERMINE HOW THE K-12 PROGRAM WILL BE BEST IMPLEMENTED

- Have we implemented a system of open two-way communication and coordination among all staff and appropriate others
    - Communicate the philosophy, goals, objectives, content, scope, sequence and expected student outcomes of the total program
- Have we considered inservice needs in cooperation with staff and appropriate others
- Can we plan and implement staff inservice programs based upon identified needs considering:
    - Time
    - Budget
    - Contract
    - Who will facilitate
    - Who will attend
    - Resources to be used
    - Immediate and long range feedback
    - Follow-up (what difference did it make)
- Is school health education a high priority within the entire school community


10. SCREEN AVAILABLE RESOURCES.
DPI
H.E.W.
NATIONAL ASSOCIATIONS
HOSPITALS
UNIVERSITIES
LIBRARIES
REFERRAL CENTERS
CLINICS
HEALTH DEPT.

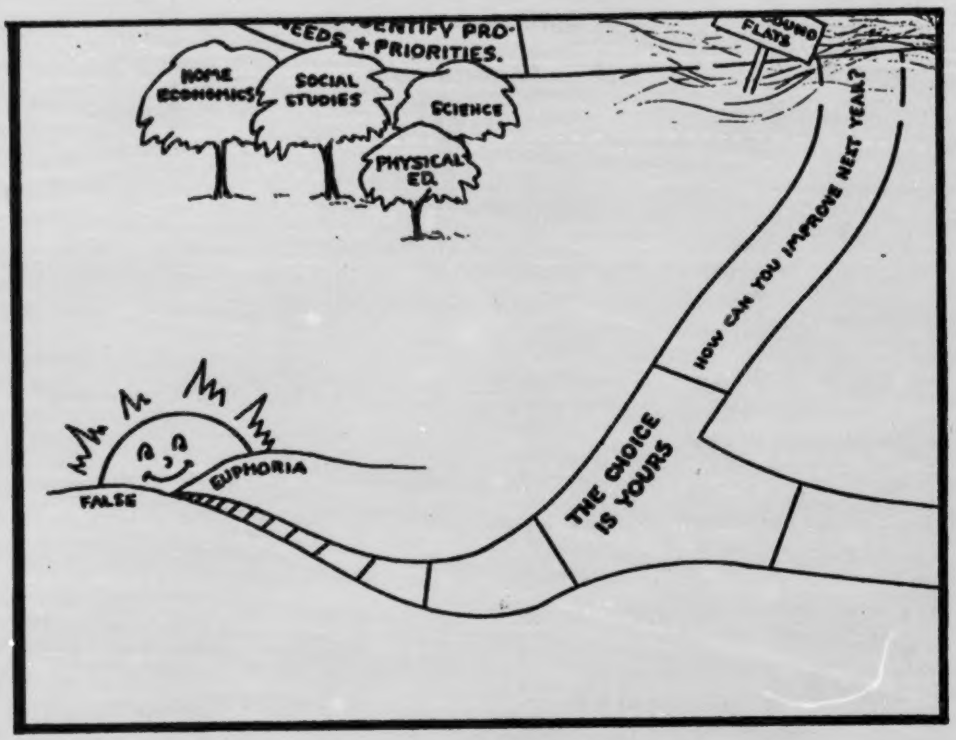
## 10. SCREEN AVAILABLE RESOURCES

- Identify people, printed and media resources which are readily available
- Assess staff resources based upon identified needs (i.e. curriculum guides, resource books, inservice facilitators, etc.)
    - Clarify purpose of using the resource
    - Check on the reliability of the resource
    - Determine if the resource is consistent with your philosophy, goals, objectives, etc.
- Assess student resources based upon needs, philosophy, goals, objectives, content, etc.
    - Clarify purpose of using the resource
    - Determine if the resource is consistent with your program's philosophy, etc.
    - Specify what you expect from a resource
    - Check on the reliability of the resource
    - Secure administrative support and approval
    - Evaluate student immediate and long range reaction and assessment


11. EVALUATE THE SUCCESS OF YOUR PROGRAM.
KEEP
CHANGE

## 11. EVALUATE THE SUCCESS OF YOUR PROGRAM

- Design an evaluation process which is continuous and measures effectiveness of total program goals, objectives, staff and student performance
  - Develop monitoring procedures to check program objectives, student performance, etc.
  - When necessary alternative strategies are implemented
  - Coordinate the evaluation process K-12 to identify specific strengths and weaknesses
  - Include both subjective and objective measurements involving students, teachers, administrators, advisory committee, etc.
  - Decide if you should retrace your steps along the continuous path and revise some components
  - Consider pre and post-tests to determine pupil knowledge, interests, and attitudes and practices related to the health curriculum
  - Consider pupil self-evaluation of health status and practices
  - Consider teacher self-evaluation to assess instructional performance and curriculum relevance


ENTIFY PRO-
EEDS + PRIORITIES.
OUND
FLATS
HOME ECONOMICS
SOCIAL STUDIES
SCIENCE
PHYSICAL ED.
HOW CAN YOU IMPROVE NEXT YEAR?
THE CHOICE IS YOURS
FALSE
EUPHORIA

## RESOURCES TO CONSIDER FOR PART I

1. Creative Teaching in Health, Don Read and Walter H. Greene, MacMillan Publishing Co., Inc. New York, N.Y. 10022.

2. Decisions: A School Health Education Program, MacMillan Publishing Company, Inc. 866 Third Ave., New York, N.Y. 10022

   This includes four publications:

   a. Eisen and Sheats, Perspectives for Administrators
   b. Dalis, Eisen and Gothold, Strategies for Coordinators
   c. Glick, Processes (for teachers)
   d. Glick, (Ed.), Readings

   The program also includes a 16 mm film and filmstrips with records or cassette tapes.

   To place a direct order, write MacMillan, Inc., Front and Brown St., Riverside, N.J. 08075; or call 609-461-6500. It is not necessary to enclose payment.

3. Educational Television Programs, films and teacher guides.

   All About You
   Inside/Out
   Self, Incorporated

   Contact the Regional Broadcast Instruction Councils.

4. Health Education: A Conceptual Approach to Curriculum Design, Grades Kindergarten through Twelve, copyright 1967 by the:

   School Health Education Study, Washington, D.C.
   Published by the 3M Education Press, General Offices, Visual Products
   Division, 3M Center, St. Paul, MN 55101, Phone 612-733-1110.

5. Health Education, Official Journal of the Association of the Advancement of Health Education, published by the American Association for Health, Physical Education and Recreation, 1201 16th St. N.W., Washington, D.C. 20036.

6. Ideas in Health Education, reprinted by permission from the Florida Department of Education, available from Department of Public Instruction. Contact Chet Bradley, Supervisor - Health Education - 608/266-7032

7. The Journal of School Health, Official Journal of the American School Health Association, Kent, OH 44240.

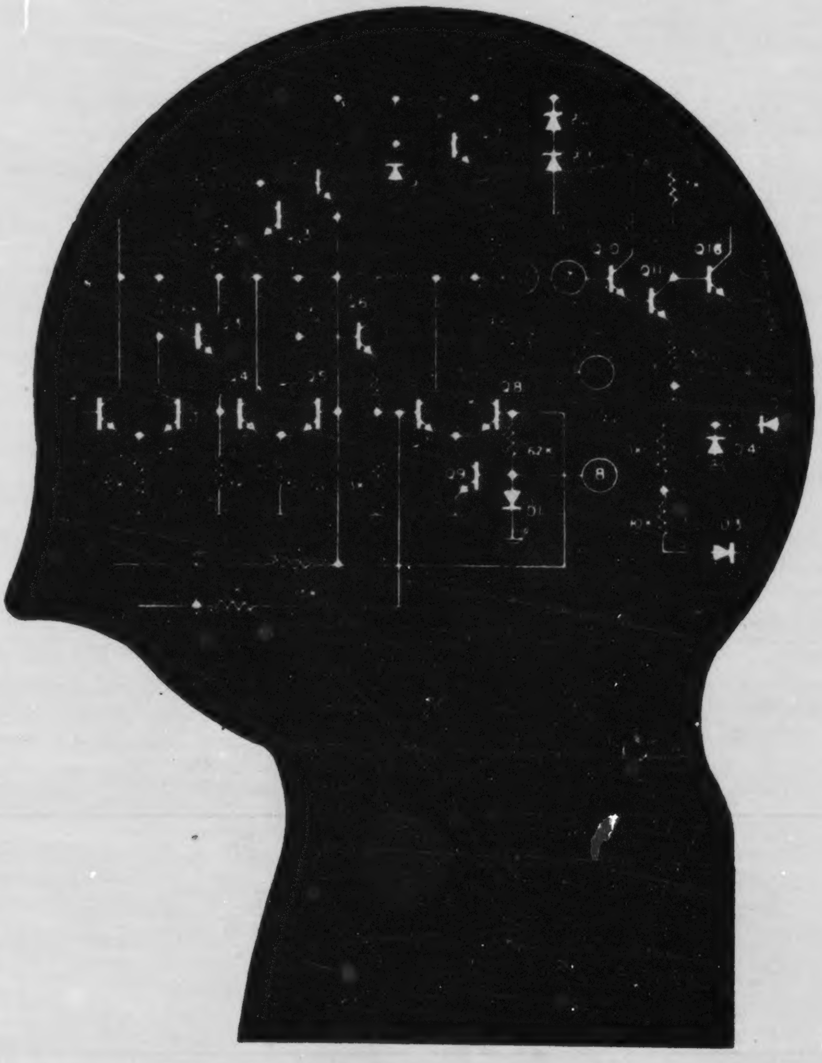
8. Life Skills for Health: Focus on Mental Health, North Carolina Department of Public Instruction, Norman Leafe, Raleigh, N.C. 27611.

9. On Becoming a Health Educator, Gwendolyn D. Scott and Mona V. Carlo, Wm. C. Brown Co., Publishers, Dubuque, IA.

10. Physician's Guide to The School Health Curriculum Process and Why Health Education in Your School, The Department of Health Education, American Medical Association, 535 North Dearborn Street, Chicago, IL 60610.

11. Textbooks A number of publishers have excellent health education textbooks which could be reviewed for additional ideas, especially the teacher editions.

# MENTAL HEALTH



## MENTAL HEALTH

### Rationale

Mental health of people depends upon prevailing attitudes, feelings toward others, feelings about themselves, how others feel about them and the interaction with their total environment. Fulfillment and happiness depend primarily on the ability to understand these attitudes and feelings and to structure activities which will aid in meeting personal needs and goals. Therefore, mental health competencies are directed toward learning about self, social relationships and others as well as reacting to societal expectations for individual behavior and coping with life situations.

### Competencies

The following health competencies were written to illustrate progression from simple to more complex levels of learning and student expectation. Instructional programs designed to contribute toward learner competence at any illustrated level must be based on principles of learning and the developmental stages of the students involved. Remember these competencies are only illustrations and should not be interpreted as being a mandated or a prescribed school health education program. However, they may serve as a focal point for school districts in the planning of a health education curriculum based upon locally identified needs and priorities.

1.1 The student...

- o knows the interrelationship between mental health and physical health, community health and/or safety
- o identifies the interrelationship between mental health and physical health, community health and/or safety
- o analyzes the interrelationship between mental health and physical health, community health and/or safety
- o demonstrates activities to show that physical health, community health and safety contribute to optimal mental health

1.2 The student...

- o knows environmental factors which influence the mental health of individuals
- o interprets environmental factors which influence the mental health of individuals
- o formulates a plan to affect the environmental factors which influence the mental health of individuals
- o evaluates the environmental factors which influence the mental health of individuals

1.3 The student...

- knows that mental health is a changing and relative condition
- interprets the concept that mental health is a changing and relative condition
- analyzes the concept that mental health is a changing and relative condition
- evaluates the concept that mental health is a changing and relative condition

1.4 The student...

- knows that one's emotions are part of the whole person
- interprets the concept that one's emotions are part of the whole person
- analyzes the concept that one's emotions are part of the whole person
- demonstrates that emotions can be handled in a manner which reduces personal stress without causing undue hardship on self or others

1.5 The student...

- knows that mental health is influenced by the attitudes and values of the individual and society
- interprets ways in which mental health is influenced by the attitudes and values of the individual and society
- analyzes the concept that mental health is influenced by the attitudes and values of the individual and society
- evaluates ways in which mental health is influenced by the attitudes and values of the individual and society

1.6 The student...

- knows the relationship between one's mental health and movement through the life cycle
- interprets the relationship between one's mental health and movement through the life cycle
- shows concern for the relationship between one's mental health and movement through the life cycle
- formulates a personal plan for maintaining optimal mental health while moving through the life cycle

1.7 The student...

- o knows factors which influence an individual's sexuality
- o interprets the factors which influence an individual's sexuality
- o analyzes the concept that there are many factors which influence an individual's sexuality
- o evaluates the factors which influence an individual's sexuality

1.8 The student...

- o knows individual responsibilities related to living alone or with others
- o interprets individual responsibilities related to living alone or with others
- o formulates a plan for carrying out individual responsibilities related to living alone or with others
- o evaluates individual responsibilities related to living alone or with others

1.9 The student...

- o knows that abusive behavior is relative to individuals and is preventable
- o recognizes that abusive behavior is relative to individuals and is preventable
- o formulates a plan to reduce factors involved in abusive behavior to self and others
- o implements a plan to prevent abusive behavior to self and others

1.10 The student...

- o knows skills for locating and using mental health resources
- o formulates a plan for locating and using mental health resources
- o demonstrates skills for locating, evaluating and using mental health resources
- o evaluates the appropriateness of resources to meet mental health needs

## *POSSIBLE TOPICS FOR DEVELOPING ADDITIONAL COMPETENCIES, COURSE GOALS, STUDENT OBJECTIVES, AND/OR LEARNING ACTIVITIES BASED UPON THE ILLUSTRATED COMPETENCIES IN MENTAL HEALTH

NOTE: THE TOPICAL AREAS LISTED HERE ARE FOR CONSIDERATION ONLY AND ARE NOT INTENDED TO BE INCLUDED AT ALL GRADE LEVELS OR TO INDICATE THE FULL SCOPE OF THIS CONTENT AREA. A VARIETY OF DEVELOPMENTAL AND SEQUENTIAL LEARNING ACTIVITIES SHOULD BE ORGANIZED FOR SELECTED TOPICAL AREAS.

1.1 The student...

- o knows the interrelationship between mental health and physical health, community health and/or safety
- o identifies the interrelationship between mental health and physical health, community health and/or safety
- o analyzes the interrelationship between mental health and physical healtn, community health and/or safety
- o demonstrates activities to show that physical health, community health and safety contribute to optimal mental health

1.1.1 Mental health and physical health

psychosomatic illnesses
sustained emotional conflict and stress
physical disability and disease
physical appearance
physical expression of ideas
tension release

1.1.2 Mental health and community health

cohesiveness of the community
concern for others
community involvement
available quality services

1.1.3 Mental health and safety

attitudes toward prevention
influence of emotional stress
influence of emergency services
hazard free environment

*FOR ASSISTANCE IN WRITING ADDITIONAL COMPETENCIES ETC. CONSIDER:

- o Taxonomy of Educational Objectives by: Benjamin Bloom 1956
  David Krathwohl 1964
- o Stating Behavioral Objectives for Classroom Instruction by: Norman Gronund 1970

1.2 The student ...

- knows the environmental factors which influence mental health of individuals
- interprets environmental factors which influence mental health of individuals
- formulates a plan to affect the environmental factors which influence the mental health of individuals
- evaluates the environmental factors which influence mental health of individuals

1.2.1 Natural environmental conditions and their effect on mental health

geography
climate
weather
natural resources
space
light
animal and plant life

1.2.2 Man made environmental conditions and their effect on mental health

rapid change
families
home
school
crowding
population distribution
neighbors
institutions
life styles
activities such as work and recreation
noise
isolation
domesticated animals

1.2.3 Effect of individual values, decisions and actions on mental health

personal living conditions
community living conditions
problem solving approaches for changing conditions
competition
economic considerations
traditions and activities

1.3 The student

- knows that mental health is a changing and relative condition
- interprets the concept that mental health is a changing and relative condition
- analyzes the concept that mental health is a changing and relative condition
- evaluates the concept that mental health is a changing and relative condition

1.3.1 Ups and downs of daily living as transient and relative conditions

happiness
sadness
satisfaction
disappointment
contentment
frustration

1.3.2 Skills, feelings and behaviors which may promote enrichment of daily living

self-understanding
maintaining personal integrity
positive outlook
sense of humor
accepting responsibility
fulfilling commitments
ability to say no
thoughtful risk taking
confidence
long and short term goal setting
acceptance of limitations and potential
respecting others and their property
sharing
positive reinforcement (rewards, compliments, etc.)
accepting constructive criticism
open and honest communication
interpersonal relationships
decision-making process
dealing with authority
compromising

### 1.3.3 Habits, feelings, events and behavior which may interfere with daily living

unrealistic expectations
misunderstanding
fantasy and day dreams
feeling of powerlessness
misjudgment
anger
insecurity
dependency
rapid change in environment or life style
loss of persons or possessions
loneliness
strange or new situations
separation
pessimism
lack of attention and affection
defeat
depression
anxiety
inability to sustain interests
compromising
distraction from others

### 1.3.4 Individual differences

feminine/masculine outlook
cultural variation
literary interpretation
art and music interpretation
interchange of topics between 1.3.2 and 1.3.3 above

1.4 The student...

- o knows that one's emotions are part of the whole person
- o interprets the concept that one's emotions are part of the whole person
- o analyzes the concept that one's emotions are part of the whole person
- o demonstrates that emotions can be handled in a manner which reduces personal stress without causing undue hardship on self or others.

1.4.1 Emotions and mental health

emotional needs
behaviors which may accompany various emotions
cultural influences on the expression of emotions
verbal and nonverbal expression
factors which may trigger emotions
expression of emotion in drama
musical and artistic expression of emotion

1.4.2 Emotions and stress

common emotional pressures, conflicts and crises
recognizing potential areas of stress
pre-planning to avoid, minimize or alleviate unnecessary stress
positive and negative values of stress

1.4.3 Coping with emotions

positive self concept
defense mechanisms
interpersonal relationships
nurturing skills
coping skills
self-direction
individual differences
example by significant people

1.5 The student...

- o knows that mental health is influenced by the attitudes and values of the individual and society
- o interprets ways in which mental health is influenced by the attitudes and values of the individual and society
- o analyzes the concept that mental health is influenced by the attitudes and values of the individual and society
- o evaluates ways in which mental health is influenced by the attitudes and values of the individual and society

1.5.1 Origins of attitudes and values

home and family traditions
example of other people
past experiences
peer group association
religious and spiritual influences
social organization
government
fads
work experiences
school
media
literature, art, music

1.5.2 Influence of attitudes and values on behavior

daily decisions
individual factors in making decisions
individual values and behavior in conflict
conflict between individual and societal attitudes and values
human limitations

1.5.3 Individual and group differences

behavior which indicates acceptance or nonacceptance
problems created by acceptance or nonacceptance of individual or group differences
influence on personal growth
feminine/masculine attitudes and values
prejudice
individual and collectively held attitudes and values

1.6 The student...

- knows the relationship between one's mental health and movement through the life cycle
- interprets the relationship between one's mental health and movement through the life cycle
- shows concern for the relationship between one's mental health and movement through the life cycle
- formulates a personal plan for maintaining optimal mental health while moving through the life cycle

1.6.1 Basic emotional and psychological needs

love
security
belonging
identity
self-esteem
affection
acceptance

1.6.2 Stages of the life cycle

prenatal
infancy
childhood
adolescence
young adulthood
middle age
elderly adulthood

1.6.3 Family relationships

importance of the family
parental roles
extended family
societal expectations
separation of family members

1.6.4 Experiences with emotional impact

loss of persons or possessions
change in life style
lack of recognition
failure and disappointment; success and achievement
use of leisure time
surprises
illness and injury
vocational decisions
additions to family and other groups
separation
arrest and imprisonment

1.7 The student...

- knows factors which influence an individual's sexuality
- interprets the factors which influence an individual's sexuality
- analyzes the concept that there are many factors which influence an individual's sexuality
- evaluates the factors which influence an individual's sexuality

1.7.1 Physiological factors influencing sexuality

anatomy of the reproductive system
physiology of the reproductive system
biological changes throughout life
differences in growth and development

1.7.2 Psychological factors influencing sexuality

feelings associated with growth and development
differences in social pressures on males and females
attitudes and expectations of males and females
societal attitudes and expectations
family expectations and attitudes

1.7.3 Sociological factors influencing sexuality

cultural attitudes and expectations
roles and role stereotypes
dating
courtship
marriage
parenthood
separation and divorce
death of partner
retirement
laws

1.8 The student...

- o knows individual responsibilities related to living alone or with others
- o interprets individual responsibilities related to living alone or with others
- o formulates a plan for carrying out individual responsibilities related to living alone or with others
- o evaluates individual responsibilities related to living alone or with others

1.8.1 Adjustment to single, family and marital living

definition of family
sibling relationships
personal space and privacy
making decisions about relationships
interdependency
personal responsibility in various situations
choosing dorm mates, marriage partners
major changes in today's living situations
factors in choice of life style
societal control through law

1.8.2 Decisions and responsibilities related to parenthood

change in life style
economic and legal responsibilities
benefits and difficulties
societal and cultural influences
adoption and foster parenthood
evaluation of self as a parent
choices related to family planning
emotional impact

1.8.3 Parental responsibilities in child rearing

communication
choices and practices
meeting child's emotional and physical needs
meeting child's social needs
helping children discover their potential
building trust and confidence
giving children responsibilities
child care
baby-sitting responsibilities
adjustments to new children in the home
child abuse, causes and legal implications
physically handicapped child
emotionally disturbed child
gifted child
personal hygiene
leisure time activities
mentally handicapped child

1.9 The student...

- o knows that abusive behavior is relative to individuals and is preventable
- o recognizes that abusive behavior is relative to individuals and is preventable
- o formulates a plan to reduce factors involved in abusive behavior to self and others
- o implements a plan to prevent abusive behavior to self and others

1.9.1 Factors making abusive behavior relative to individuals

self-image
values and attitudes
parental and other adult influences
peer influence
environment
stress
coping skills
knowledge about alternatives
personal goals
media and advertising influence
societal reinforcement
cultural influences
economic factors

1.9.2 Common behaviors which have potential for abuse

eating
use of alcohol and other drugs
use of tobacco
exercise
gambling
use of power
driving motor vehicles
recreational activities
over-working

1.9.3 Effects of abusive behavior on the individual, the family and the community

psychological
sociological
physiological
legal implications
economic impact

1.9.4 Prevention and/or control of abusive behavior

education
laws and regulations
intervention
alternatives
example and influence of significant people
use of leisure time
personal responsibility
satisfaction of individual needs

1.10 The student...

- knows skills for locating and using mental health resources
- formulates a plan for locating and using mental health resources
- demonstrates skills for locating, evaluating and using mental health resources
- evaluates the appropriateness of resources to meet mental health needs

1.10.1 Sources of information

library card catalog
telephone book
government agencies
voluntary, religious, charitable agencies
teachers
pupil service staff
newspapers
magazines and other periodicals
radio and television
multi-media - films, pictures, etc.
family, friends, neighbors
referral services and centers
health professionals
hospitals and clinics

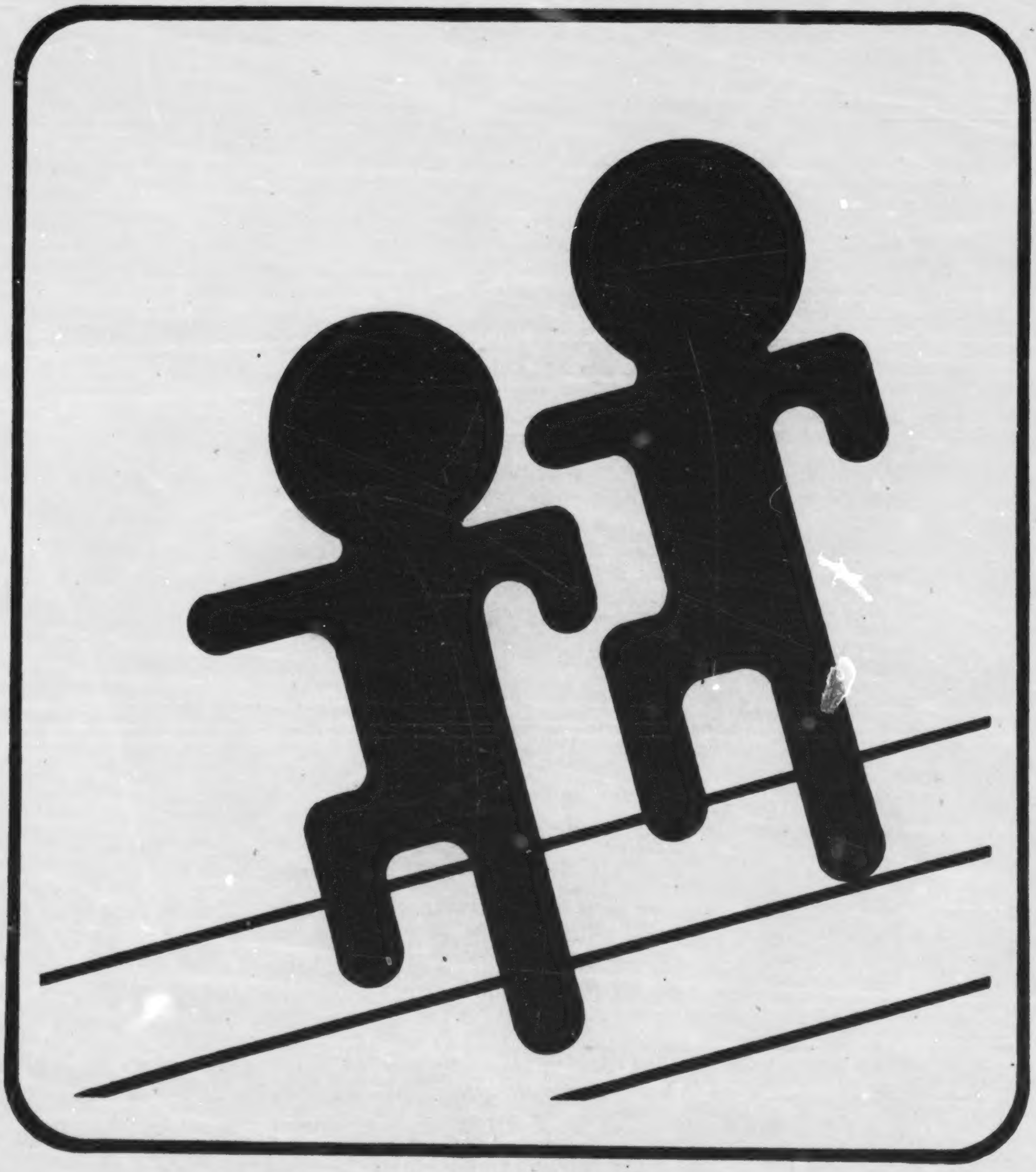
1.10.2 General resources for services

mental health professionals
hospitals and clinics
mental health agencies
schools
professional organizations
hot lines and other information centers
pupil service professionals

1.10.3 Seeking professional help

how to begin looking
legal help
use of insurance
cost
recognize the need for help

# PHYSICAL HEALTH



48

# PHYSICAL HEALTH

## Rationale

The physical health of all individuals is determined by many factors including heredity, environment, attitudes and practices. Our physical condition influences what we can do, how well we can do it, and how we look and feel.

Individuals need basic knowledge about physical growth and development in order to develop attitudes and skills necessary to maintain optimal physical health for themselves and others. Therefore, physical health competencies are directed toward the knowledge, attitudes and practices that contribute to physical growth and development.

## Competencies

The following health competencies were written to illustrate progression from simple to more complex levels of learning and student expectation. Instructional programs designed to contribute toward learner competence at any illustrated level must be based on principles of learning and the developmental stages of the students involved. Remember these competencies are only illustrations and should not be interpreted as being a mandated or a prescribed school health education program. However, they may serve as a focal point for school districts in the planning of a health education curriculum based upon locally identified needs and priorities.

2.1 The student...

- knows the interrelationship between physical health and mental health, community health and/or safety
- identifies the interrelationship between physical health and mental health, community health and/or safety
- analyzes the interrelationship between physical health and mental health, community health and/or safety
- demonstrates activities to show that mental health, community health and/or safety contribute to optimal physical health

2.2 The student...

- knows specific human and environmental factors which influence the physical health of individuals
- analyzes the human and environmental factors which influence the physical health of individuals
- formulates a personal plan to affect positively the human and environmental factors which influence the physical health of individuals
- implements a personal plan to make changes in human and environmental conditions which contribute to his/her physical health

2.3 The student...

- knows the influence of nutrition on physical health
- interprets the influence of nutrition on physical health
- formulates a personal plan which provides nutrition essential to physical health
- implements a personal plan which provides nutrition essential to physical health

2.4 The student...

- knows the physical and psychological patterns of human growth and development from infancy through old age
- understands the physical and psychological patterns of human growth and development from infancy through old age
- interprets the physical and psychological patterns of human growth and development from infancy through old age

2.5 The student...

- knows the basic organization of body systems
- interprets the functions and interdependence of body systems
- analyzes the interrelationship between body systems and physical health

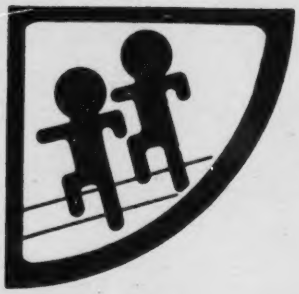
2.6 The student...

- knows effective current medical and oral health practices
- evaluates the need for adjusting to new medical and oral health health practices
- maintains effective medical and oral health practices

2.7 The student...

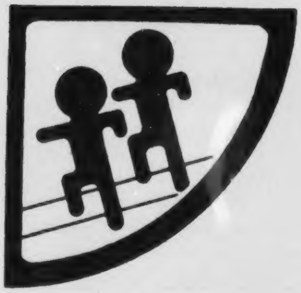
- knows the kinds of abusive behaviors which can affect physical health
- analyzes abusive behaviors which can affect physical health
- formulates a plan for preventing abusive behavior
- implements a plan to prevent abusive behavior in self and others

2.8 The student...



- o knows the skills for locating and using physical health resources
- o evaluates the appropriateness of resources related to physical health
- o formulates a plan for locating and using physical health resources
- o demonstrates skills for locating, evaluating and using physical health resources

*POSSIBLE TOPICS FOR DEVELOPING ADDITIONAL COMPETENCIES, COURSE GOALS, STUDENT OBJECTIVES, AND/OR LEARNING ACTIVITIES BASED UPON THE ILLUSTRATED COMPETENCIES IN PHYSICAL HEALTH.



NOTE: THE TOPICAL AREAS LISTED HERE ARE FOR CONSIDERATION ONLY AND ARE NOT INTENDED TO BE INCLUDED AT ALL GRADE LEVELS OR TO INDICATE THE FULL SCOPE OF THIS CONTENT AREA. A VARIETY OF DEVELOPMENTAL AND SEQUENTIAL LEARNING ACTIVITIES SHOULD BE ORGANIZED FOR SELECTED TOPICAL AREAS.

2.1 The student...

- knows the interrelationship between physical health and mental health, community health and/or safety
- identifies the interrelationships between physical health and mental health, community health and/or safety
- analyzes the interrelationship between physical health and mental health and/or safety
- demonstrates activities to show that mental health, community health and/or safety contribute to optimal physical health

2.1.1 Physical and mental health

psychosomatic illnesses
attitude toward physical fitness
physical activities
meeting physical challenges

2.1.2 Physical and community health

availability of quality health services
community attitudes toward physical fitness
community facilities for recreational activities
preventive health services

2.1.3 Physical health and safety

hazards
emergency care
community attitude toward prevention
planning

*FOR ASSISTANCE IN WRITING ADDITIONAL COMPETENCIES ETC. CONSIDER:

- Taxonomy of Educational Objectives by: Benjamin Bloom 1956
  David Krathwohl 1964
- Stating Behavioral Objectives for Classroom Instruction by: Norman Gronund 1970

2.2 The student...

- o knows specific human and environmental factors which influence the physical health of individuals
- o analyzes the human and environmental factors which influence the physical health of individuals
- o formulates a personal plan to affect positively the human and environmental factors which influence the physical health of individuals
- o implements a personal plan to make changes in human and environmental conditions which contribute to his/her physical health

2.2.1 Human factors

health habits
family attitudes and practices
physical fitness
physical handicaps
grooming
setting priorities for use of time and resources

2.2.2 Environmental factors

housing
weather
school routine
life style
economic conditions
effects of various occupations
health care facilities
zoning, rural and urban
city planning
community standards for working conditions
work saving devices
technology

2.2.3 Reduction of physical tensions

causes
effects
identifying tension in self and others
mental and emotional conditions
competition
challenge
exercise
redirection
relaxation methods
leisure alternatives
stress release and reduction

2.3 The student...

- o knows the influence of nutrition on physical health
- o interprets the influence of nutrition on physical health
- o formulates a personal plan which provides nutrition essential to physical health
- o implements a personal plan which provides nutrition essential to physical health

2.3.1 Individual nutritional requirements

nutrients
daily nutritional needs
food sources (food groups)
enriched and fortified foods
calories and energy
chemical additives
snacks, sweets
effects of sugar
preparing your own foods

2.3.2 Factors that contribute to good nutrition

individual and family responsibility
food production
food processing
economic and geographic conditions
media and advertising
social and religious customs and beliefs
peer groups
nutritional status of nations and the world

2.3.3 Causes, effects, and prevention of nutritional problems

fads and fallacies
deficiency diseases
malnutrition
hunger and starvation
vitamin and mineral deficiencies
over and underweight
relationship of obesity to other health problems
cholesterol
role of nutritionists and dieticians
corrective diets

2.3.4 Relationship of daily nutritional pattern to physical health conditions

body weight
dental health
food allergies
chronic diseases
eating problems of the handicapped
changes related to aging

2.3.5 Health hazards related to foods

food-borne diseases
home canning
chemical residues from pesticides, herbicides, etc.
failure of refrigeration

2.4 The student...

- knows the physical and psychological patterns of human growth and development from infancy through old age
- understands the physical and psychological patterns of human growth and development from infancy through old age
- interprets the physical and psychological patterns of human growth and development from infancy through old age

2.4.1 Stages of growth

physiological changes
psychological changes
similarities and differences between the sexes
individual growth rates

2.4.2 Factors contributing to individual differences

heredity
glands
prenatal conditions
nutrition
health habits
environment
social changes
influence of peers, family and community
anxieties related to changes

2.4.3 Genetic relationships

principles of heredity in plants, animals and humans
mutations
radiation effects
RH negative factor
birth defects
diseases
genetic counseling
multiple births

2.5 The student...

- o knows the basic organization of body systems
- o interprets the functions and interdependence of body systems
- o analyzes the interrelationship between body systems and physical health

2.5.1 Structure and function of the living cell

definition and description
parts and functions
growth
similarities in plant and animal
organization of cells into tissues; tissues into organs; organs into systems; systems into organisms

2.5.2 Structure, functions, and interdependence of body systems

skeletal system
integementary system (skin)
muscle systems
nervous system
circulatory system
digestive system
respiratory system
excretory system
endocrine system
reproductive system

2.5.3 Relationship of body systems to physical health

physical appearance
coordination
conditioning
exercise

2.6 The student...

- o knows effective current medical and oral health practices
- o evaluates the need for adjusting to new medical and oral health practices
- o maintains effective medical and oral health practices

### 2.6.1 Influence of individual attitudes, behavior or conditions

family attitudes and practices
fears related to health care
signs and symptoms requiring attention
advantages of regular care
emergency decisions
habit formation and change
effect of mass media
superstitions and traditions

### 2.6.2 Professional medical and oral examinations

regular physical and oral examinations
role of specialists
role of paraprofessionals and paramedics
patient educators
diagnostic tests
use of technology
problems in obtaining professional examinations

### 2.6.3 Preventive health practices

adequate nutrition
personal hygiene
rest, relaxation, and exercise
clothing
oral hygiene
self-examination
immunizations
personal and family health records

### 2.6.4 Meeting health care costs

prevention vs cure
individual and community responsibilities
health insurance
appropriate use of facilities
appropriate use of medical and dental specialists
resources for low income persons
age level variations in need for care

2.7 The student...

- o knows the kinds of abusive behaviors which can affect physical health
- o analyzes abusive behaviors which can affect physical health
- o formulates a plan for preventing abusive behavior
- o implements a plan to prevent abusive behavior in self and others

2.7.1 Effects of tobacco, alcohol and other drugs on the body

definitions of use, misuse, and abuse
effects on body systems
changes in body chemistry, mood, behavior
altering factors: body size, metabolism, state of physical and emotional health
set and setting
immediate, short and long term effects
tests for alcohol and other drugs in the body
poly drug use
components and by-products of tobacco, alcohol and other drugs
psychological implications relative to use and misuse; peer pressure, pleasure, relaxation (See also 1.9)
relationship to learned skills such as driving

2.7.2 Long range physiological health problems resulting from chronic use, misuse, and abuse of drugs

lowered resistance to diseases
changes in cell structures
dependency
alcoholism
chronic bronchitis
emphysema
cancer
coronary disease and strokes

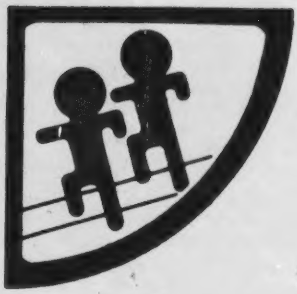
2.7.3 Prevention of abusive behaviors

positive self-image
alternatives
coping with peer pressure
decision-making skills
education in school and community
laws and regulations; enforcement
requiring prescriptions for certain drugs
restraint in use of nonprescription drugs
use of support services
treatment facilities
emergency and self-help facilities
understanding advertising and media roles
research
positive family relationships

### 2.7.4 Positive aspects of drug use

- social and cultural acceptance
- legal uses of drugs in medicine, dentistry and personal health care
- food preservatives
- ingredient in flavorings

2.8 The student...



- o knows the skills for locating and using physical health resources
- o evaluates the appropriateness of resources related to physical health
- o formulates a plan for locating and using physical health resources
- o demonstrates skills in locating, evaluating, and using physical health resources

2.8.1 Sources of information

telephone book
health professionals and paraprofessionals
public and private agencies
health care facilities
pharmacies
library references
newspaper
magazines and other periodicals
radio and television
information and referral services
friends and neighbors
personal experiences

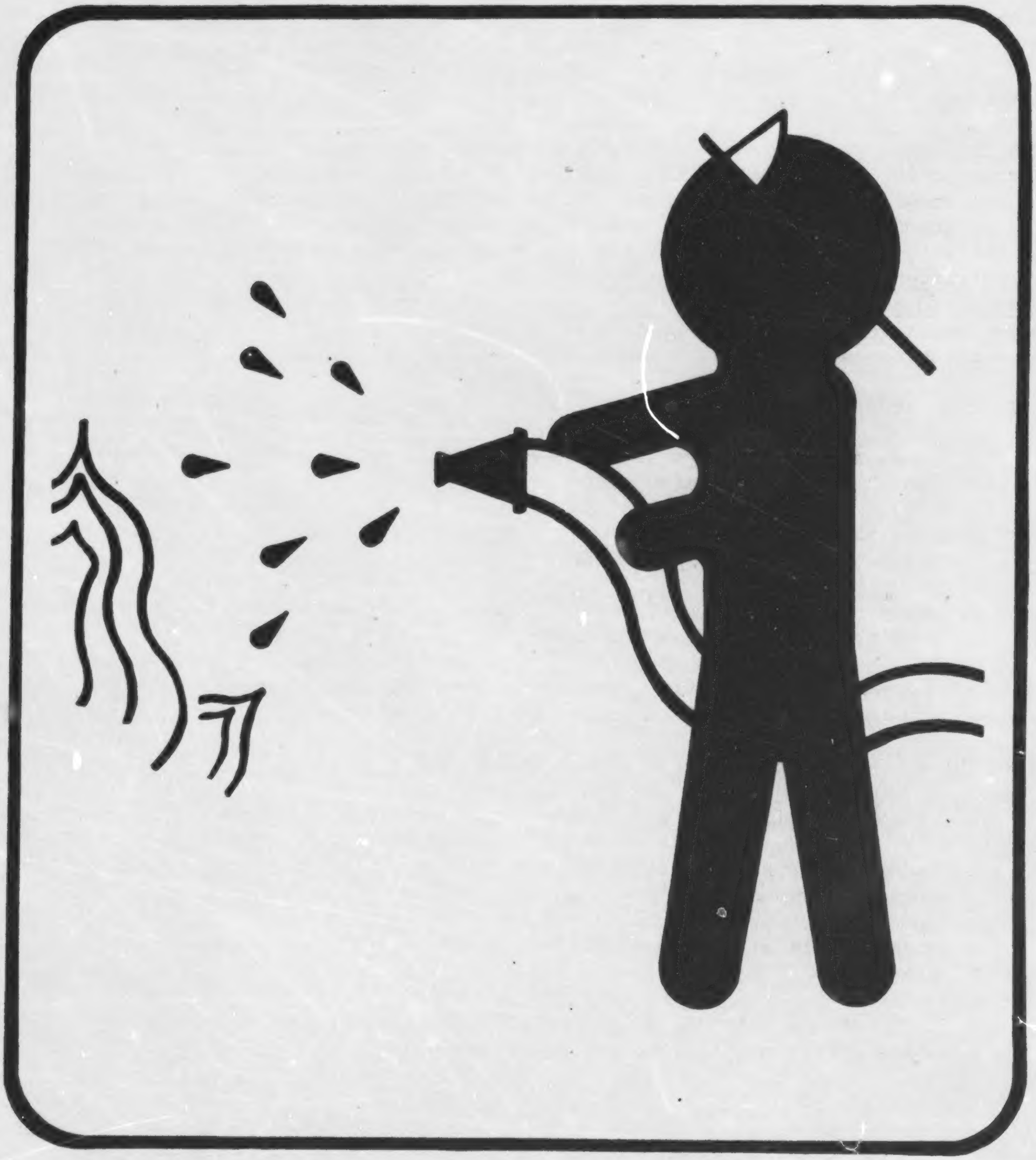
2.8.2 General resources for physical health services

medical and oral health specialists
hospitals and clinics
pharmacies
community public health services
emergency services
school health services
rehabilitation programs
commercial enterprises
community recreational programs
local, state and federal government programs

2.8.3 Seeking professional help

why
when
who
what kind
where

# SAFETY



## SAFETY

### Rationale

Safety depends on an individual's concern for the well-being of self and others. It is supported by an understanding of appropriate preventive action which can limit the number and seriousness of accidents and by the skill to apply correct methods of emergency care at the scene of an accident. Concern is also tempered by an understanding of the risks everyone faces in living a satisfying, healthy life. Therefore, safety competencies are directed toward developing attitudes for assuming the responsibility of promoting safety with emphasis on prevention of accidents, emergency care and the implications of risk-taking behavior.

### Competencies

The following health competencies were written to illustrate progression from simple to more complex levels of learning and student expectation. Instructional programs designed to contribute toward learner competence at any illustrated level must be based on principles of learning and the developmental stages of the students involved. Remember, these competencies are only illustrations and should not be interpreted as being a mandated or a prescribed school health education program. However, they may serve as a focal point for school districts in the planning of a health education curriculum based upon locally identified needs and priorities.

3.1 The student...

- knows the interrelationship between safety and mental health, physical health and/or community health
- identifies the interrelationship between safety and mental health, physical health and/or community health
- analyzes the interrelationship between safety and mental health, physical health and/or community health
- demonstrates activities to show that mental health, physical health and community health can contribute to optimal safety

3.2 The student...

- knows that attitudes and values are influential in accident prevention
- understands the concept that attitudes and values are influential in accident prevention
- analyzes the attitudes and values which are influential in accident prevention
- formulates a personal plan to deal with those attitudes and values which are influential in accident prevention

3.3 The student...

- o knows the causes of common accidents
- o evaluates the causes of common accidents
- o formulates a personal plan to reduce the causes of common accidents
- o implements a personal plan to reduce the causes of common accidents

3.4 The student...

- o knows the first aid and emergency treatment skills that contribute to the health and safety of self and others
- o understands the first aid and emergency treatment skills that contribute to the health and safety of self and others
- o accepts responsibility for using the first aid and emergency treatment skills that contribute to the health and safety of self and others
- o demonstrates the first aid and emergency treatment skills that contribute to the health and safety of self and others

3.5 The student...

- o knows the rules, regulations and safety precautions for those sports and leisure time activities in which the person engages
- o interprets the rules, regulations and safety precautions for those sports and leisure time activities in which the person engages
- o accepts responsibility for knowing and applying the rules, regulations and safety precautions when engaged in sports and leisure time activities
- o implements the rules, regulations and safety precautions when engaged in sports and leisure time activities

3.6 The student...

- o knows the procedures for the prevention and control of fires
- o analyzes the procedures for the prevention and control of fires
- o formulates a personal plan for prevention and control of fires
- o demonstrates procedures for the prevention and control of fires

3.7 The student

- o knows the rules, regulations and safety precautions related to traffic safety

- accepts responsibility for applying rules, regulations and safety precautions related to traffic safety
- evaluates the need for rules, regulations and safety precautions related to traffic safety
- implements rules, regulations and safety precautions related to traffic safety

3.8 The student...

- knows safety precautions when interacting with people, products and the environment
- accepts responsibility for applying safety precautions when interacting with people, products and the environment
- evaluates the need for safety precautions when interacting with people, products and the environment
- implements safety precautions when interacting with people, products and the environment

3.9 The student...

- knows the skills for locating and using resources related to safety, accident prevention and emergency care
- formulates a plan for locating resources to meet specific safety, accident prevention or emergency care needs
- demonstrates the skills for locating, evaluating and using resources related to safety, accident prevention and emergency care
- evaluates the appropriateness of resources related to safety, accident prevention and emergency care

*POSSIBLE TOPICS FOR DEVELOPING ADDITIONAL COMPETENCIES, COURSE GOALS, STUDENT OBJECTIVES, AND/OR LEARNING ACTIVITIES BASED UPON THE ILLUSTRATED COMPETENCIES IN SAFETY

NOTE: THE TOPICAL AREAS LISTED HERE ARE FOR CONSIDERATION ONLY AND ARE NOT INTENDED TO BE INCLUDED AT ALL GRADE LEVELS OR TO INDICATE THE FULL SCOPE OF THIS CONTENT AREA. A VARIETY OF DEVELOPMENTAL AND SEQUENTIAL LEARNING ACTIVITIES SHOULD BE ORGANIZED FOR SELECTED TOPICAL AREAS.

3.1 The student...

- o knows the interrelationship between safety and mental health, physical health and/or community health
- o identifies the interrelationship between safety and mental health, physical health and/or community health
- o analyzes the interrelationship between safety and mental health, physical health and/or community health
- o demonstrates activities to show that mental health, physical health and community health can contribute to optimal safety

3.1.1 Safety and mental health

attitudes toward safety
acceptance of responsibility
risk taking
self concept
interpersonal relationships
influence of emotional stress

3.1.2 Safety and physical health

physical condition
adapting to physical handicaps
reaction time
vision and hearing problems
chronic disease effects

3.1.3 Safety and community health

hazard-free environment
prevention programs
citizen attitudes toward safety
availability of quality emergency and care services
legislative and administrative support

*FOR ASSISTANCE IN WRITING ADDITIONAL COMPETENCIES ETC. CONSIDER:

- o Taxonomy of Educational Objectives by: Benjamin Bloom 1956
  David Krathwohl 1964
- o Stating Behavioral Objectives for Classroom Instruction by: Norman Gronund 1970

3.2 The student...

- o knows that attitudes and values are influential in accident prevention
- o understands the concept that attitudes and values are influential in accident prevention
- o analyzes the attitudes and values which are influential in accident prevention
- o formulates a personal plan to deal with those attitudes and values which are influential in accident prevention

3.2.1 Origin of attitudes and values

home and family
cultural setting
peer group associations
school experiences
social organization
religious and spiritual influences
government action or inaction
work experiences

3.2.2 Influence of attitudes and values on behavior

daily decisions
factors in making decisions
judgment
individual values and behavior in conflict
responsibility toward others

3.2.3 Influence of safety personnel on attitudes, values and behavior

law enforcement personnel
forest ranger
game wardens
fire fighters
playground supervisors
crossing guards
safety supervisors and coordinators
emergency services personnel
industrial safety engineers
consumer product designers
safety club or council staff
insurance safety specialists

3.3 The student...

- o knows the causes of common accidents
- o evaluates the causes of common accidents
- o formulates a personal plan to reduce the causes of common accidents
- o implements a personal plan to reduce the causes of common accidents

### 3.3.1 Hazards in the home

appliance construction and use
chemicals and poisons
electrical wiring
fire hazards (See 3.3.6)
home layout and furnishings
ice and other slippery surfaces
medicines and storage cabinets
plastic bags
refuse disposal
swimming pools
water supplies

### 3.3.2 Play area accidents

misuse of toys and equipment
lack of maintenance
lack of rules and supervision
over-crowding
location of playground
recreational vehicles

### 3.3.3 School accidents

student behavior
poor facilities and equipment
lack of proper guidelines and rules
crowd control
high risk areas
high risk activities
supervision
natural disasters

### 3.3.4 Farm and other rural area accidents

machinery
animals
chemicals
motorized vehicles

### 3.3.5 Other factors in accidents

holiday hazards
rain, snow, frost, sleet
extreme heat
glare
hazards at dawn, dusk and in the dark
construction sites
use of alcohol, other drugs including medications

### 3.3.6 Anticipating hazards

emergency telephone numbers and information
choosing safe play areas (including streets)
example of others
planning ahead
education
developing skills
rules and regulations
neighborhood cooperation
accident investigation and reports
analysis of statistics

3.4 The student...

- o knows the first aid and emergency treatment skills that contribute to the health and safety of self and others
- o understands the first aid and emergency treatment skills that contribute to the health and safety of self and others
- o accepts responsibility for using the first aid and emergency treatment skills that contribute to the health and safety of self and others
- o demonstrates the first aid and emergency treatment skills that contribute to the health and safety of self and others

3.4.1 Reporting accidents

information required for securing assistance
emergency telephone numbers
use of CB radios
emergency room use

3.4.2 First aid skills

bleeding
respiratory emergencies
shock
poisoning
burns
frostbite
fractures
sprains, strains and dislocations
bites
convulsions
heart attacks
strokes
alcohol and drug overdoses
heat stroke and sun stroke
emotional reactions

3.4.3 Emergency services

staff skills and training
rescue techniques
medical supervision
emergency vehicle equipment
community support
role of volunteers

70

3.5 The student...

- o knows the rules, regulations and safety precautions for those sports and leisure time activities in which the person engages
- o interprets the rules, regulations, and safety precautions for those sports and leisure time activities in which the person engages
- o accepts responsibility for knowing and applying the rules, regulations and safety precautions when engaged in sports and leisure time activities
- o implements the rules, regulations and safety precautions when engaged in sports and leisure time activities

3.5.1 Water and small craft

physical conditioning
selection of clothing and equipment
life jackets
techniques
environmental hazards
swimming and wading
boating and sailing
scuba
water skiing and surfing
fishing
common courtesy
laws and rules
emergency procedures

3.5.2 Hunting and use of firearms

physical conditioning
techniques
handling and storing of weapons and ammunition
hazards of bullets, arrows, pellets, traps
hunting gear and clothing
handling of game
survival preparedness
courtesy
no trespassing
knowing your companions
working with bird dogs

### 3.5.3 Hiking, climbing and camping

physical conditioning
techniques
survival preparedness
campfires
equipment selection and maintenance
wild animals
plant hazards
food and water

### 3.5.4 Recreational vehicles

selection and maintenance
techniques
safety equipment
safeguarding environment
weather hazards

### 3.5.5 Hobbies

potentially dangerous equipment
maintenance and use of equipment

### 3.5.6 Organized sports

### 3.5.7 Other individual sports

### 3.5.8 Being a spectator

courtesy
environmental hazards
responding in emergencies

3.6 The student...

- o knows the procedures for the prevention and control of fires
- o analyzes the procedures for the prevention and control of fires
- o formulates a personal plan for prevention and control of fires
- o demonstrates procedures for the prevention and control of fires

### 3.6.1 Potential fire hazards and preventive action

electrical fires
flammable and explosive materials
rubbish and trash
fireplaces and chimneys
home heating systems
matches
smoking
flammable clothing and other fabrics
lightning and dry seasons
oil and grease
building exits
new building materials
hazards on holidays

### 3.6.2 Reporting fires

location and use of fire alarms
emergency telephone numbers
smoke and fire detectors
warning devices
location and use of fire hydrants and extinguishers
false fire alarms
insurance companies

### 3.6.3 Self-protection in case of fire

maintain self-control
practice fire escape routes
protective devices and materials to cover clothing
use of ladders, ropes, fire escapes
breathing in smoke-filled room
procedures when clothing is on fire
exits in public buildings

### 3.6.4 Control of fires

major fires in history
fire losses in life and injury
rural and urban fire departments
fire fighting equipment
educational programs for prevention
inspections for hazards
insurance
examples of controlled burning

3.7 The student...

- o knows the rules, regulations and safety precautions related to traffic safety
- o accepts responsibility for applying rules, regulations and safety precautions related to traffic safety
- o evaluates the need for rules, regulations and safety precautions related to traffic safety
- o implements rules, regulations and safety precautions related to traffic safety

3.7.1 Accident prevention while walking, riding or operating a vehicle

attitudes
traffic laws and ordinances
traffic signals
traffic control officers
passenger rules
use of seat belts
alcohol and other drug effects
pedestrian responsibilities
seasonal conditions
emergency preparedness

3.7.2 Social conditions which may influence traffic safety

characteristics of the automobile-centered society
community resources for traffic safety education
alternatives to the automobile-centered society
economic responsibilities related to owning a vehicle
community decisions on road construction and maintenance
influence of community transportation systems
provisions for bicycle riders
energy crisis
air pollution

3.8 The student...

- o knows safety precautions when interacting with people, products and the environment
- o accepts responsibility for applying safety precautions when interacting with people, products and the environment
- o evaluates the need for safety precautions when interacting with people, products and the environment
- o implements safety precautions when interacting with people, products and the environment

### 3.8.1 Interaction with people

courtesy
self-defense
identifying unusual or suspicious behavior
reporting assault
employee safety training
hitchhiking
walking alone
being approached by strangers

### 3.8.2 Interaction with products

checking manufacturing standards
inspection of products and equipment
protective devices on machinery
developing skill in using products
following directions
protective clothing and goggles
commercial products to aid in self-defense
explosives
lawnmowers and other power tools
industrial and farm machinery
exhaust systems
dangerous toys
aerosol cans

### 3.8.3 Interaction with environment

lighting conditions and eye safety
noise levels
chemical poisons
radiation
pollution of air, water or soil
potentially dangerous animals
weather conditions
pets
poisonous plants
insects

## 3.9 The student...

- knows the skills for locating and using resources related to safety, accident prevention and emergency care
- formulates a plan for locating resources to meet specific safety, accident prevention or emergency care needs
- demonstrates the skills for locating, evaluating and using resources related to safety, accident prevention and emergency care
- evaluates the appropriateness of resources related to safety, accident prevention and emergency care

### 3.9.1 Sources of information

library card catalog
telephone book
government agencies (traffic, health, insurance, fire)
newspapers
magazines and periodicals
radio and television
chamber of commerce
industrial safety offices

### 3.9.2 General resources for services

fire departments
police departments
highway department
safety councils
clubs and organizations
laws and ordinances
United States weather service
county extension offices
Red Cross
hospital emergency rooms
forest service
insurance companies

### 3.9.3 Seeking professional help

safety engineers
safety council staff
safety program directors and staff
school safety coordinators and directors
college safety programs
using the political process
why seek professional help
when
how

# COMMUNITY HEALTH

# COMMUNITY HEALTH

## Rationale

The health of a community--be it classroom or neighborhood, state or nation--depends primarily on the health of its individuals. A community's health is determined by the attitudes and actions of its members toward their physical, social and mental well-being, awareness of community health conditions and resources, and willingness to prevent problems and to accept responsibility for making improvements.

## Competencies

The following health competencies were written to illustrate progression from simple to more complex levels of learning and student expectation. Instructional programs designed to contribute toward learner competence at any illustrated level must be based on principles of learning and the developmental stages of the students involved. Remember these competencies are only illustrations and should not be interpreted as being a mandated or a prescribed school health education program. However, they may serve as a focal point for school districts in the planning of a health education curriculum based upon locally identified needs and priorities.

4.1 The student...

- knows the interrelationship between community health and mental health, physical health and/or safety
- identifies the interrelationship between community health and mental health, physical health and/or safety
- analyzes the interrelationship between community health and mental health, physical health and/or safety
- demonstrates activities to show that mental health, physical health and safety can contribute to optimal community health

4.2 The student...

- knows the human factors which influence community health at local, regional, national and international levels
- interprets the human factors which influence community health at local, regional, national and international levels
- analyzes the human factors which influence community health at local, regional, national and international levels
- formulates plans for influencing the human factors related to community health

4.3 The student...

- knows environmental factors which influence community health at local, regional, national and international levels

- interprets the environmental factors which influence community health at local, regional, national and international levels
- evaluates the influence of environmental factors on community health at local, regional, national and international levels
- formulates a plan for influencing environmental factors related to community health

4.4 The student...

- knows the factors associated with the causes, occurrence, treatment and control of disease and methods of prevention
- accepts responsibility to influence the factors associated with the causes, occurrence, treatment, control and prevention of disease
- evaluates the factors associated with the causes, occurrence, treatment, control and prevention of disease
- applies knowledge and skills in the prevention of disease

4.5 The student...

- knows current community health problems
- evaluates current community health problems
- designs an action plan focusing on solutions of current community health problems
- implements a personal plan focusing on solutions of current community health problems

4.6 The student...

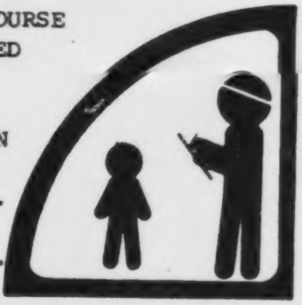
- knows the relationship of personal interest and potential in the selection of health careers
- recognizes the relationship of personal interest and potential in the selection of health careers
- analyzes the relationship of personal interest and potential in the selection of a health career
- formulates a plan for applying personal interests and potential in the selection of a health career

4.7 The student...

- knows the skills for locating health resources to meet specific community health needs

- formulates a plan for locating health resources to meet specific community health needs
- demonstrates the skills for locating, evaluating and using community health resources
- evaluates the adequacy and reliability of health resources for specific community health needs

*POSSIBLE TOPICS FOR DEVELOPING ADDITIONAL COMPETENCIES, COURSE GOALS, STUDENT OBJECTIVES, AND/OR LEARNING ACTIVITIES BASED UPON THE ILLUSTRATED COMPETENCIES IN COMMUNITY HEALTH.



NOTE: THE TOPICAL AREAS LISTED HERE ARE FOR CONSIDERATION ONLY AND ARE NOT INTENDED TO BE INCLUDED AT ALL GRADE LEVELS OR TO INDICATE THE FULL SCOPE OF THIS CONTENT AREA. A VARIETY OF DEVELOPMENTAL AND SEQUENTIAL LEARNING ACTIVITIES SHOULD BE ORGANIZED FOR SELECTED TOPICAL AREAS.

4.1 The student...

- o knows the interrelationship between community health and mental health, physical health and/or safety
- o analyzes the interrelationship between community health and mental health, physical health and/or safety
- o demonstrates activities to show that mental health, physical health and safety can contribute to optimal community health

4.1.1 Community and mental health

feeling of community togetherness
community pride
concern for others
attitudes toward involvement
opportunities to volunteer assistance
attitudes toward primary prevention

4.1.2 Community and physical health

physical fitness of citizenry
magnitude of physical disabilities
recreational facilities
influence of modern technology
laws affecting physical health

4.1.3 Community health and safety

accident-free environment
emergency care plan and facilities
enforcement of safety laws and rules
planning for prevention
occupational safety
attitudes of citizenry toward safety

*FOR ASSISTANCE IN WRITING ADDITIONAL COMPETENCIES ETC. CONSIDER:

- o Taxonomy of Educational Objectives by: Benjamin Bloom 1956
  David Krathwohl 1964
- o Stating Behavioral Objectives for Classroom Instruction by: Norman Gronund 1970

4.2 The student...

- knows the human factors which influence community health at local, regional, national and international levels
- interprets the human factors which influence community health at local, regional, national and international levels
- analyzes the human factors which influence community health at local, regional, national and international levels
- formulates plans for influencing the human factors related to community health

4.2.1 Influence of individual attitudes and practices

pollution
littering
safety
community services
substance abuse
enforcement of laws and ordinances
family planning

4.2.2 Influence of community health conditions and programs on individual health

contributions of community health agencies
quality of professional personnel and facilities
influence of community and school health education
degree of public support for health agencies
interaction of local, state and federal health agencies in promoting community and individual health
influence of international health problems on community and individual health

4.2.3 Influence of consumer trends on community health

over consumption
influence of advertising on community health problems
resources for countering false or misleading advertising
reaction to inflation or deflation
dynamics of mass communication
recycling products

4.2.4 Influence of community health on consumer trends

laws and regulations affecting community health
industrial impact on consumer trends
available quantity and quality of health care facilities

### 4.2.5 Communication to increase awareness of community health conditions

influence of individual attitudes on receiving and seeking community health information
use of mass media in community health information programs
information programs relating to community health
evaluating information programs and content
determining the influence of special interests on communication related to health
methods of communication used by community health agencies
improving channels of two-way communication

4.3 The student...

- knows the environmental factors which influence community health at local, regional, national and international levels
- interprets the environmental factors which influence community health at local, regional, national and international levels
- evaluates the influence of environmental factors on community health at local, regional, national and international levels
- formulates a plan for influencing environmental factors related to community health

4.3.1 Factors in physical environment which influence community health

conservation
geography
topography
weather
water supply
power sources
transportation facilities
work settings
type of homes and their maintenance
community planning and zoning
energy

4.3.2 Population and community health

distribution of population and its density
ecological differences in urban and rural settings
demands on products and services
effects of over-population
use of natural resources
animal over-population

4.3.3 Pollution and community health

air restoration and prevention of problems
soil restoration and prevention of problems
water restoration and prevention of problems
noise control and prevention of problems
visual control and prevention of problems
radiation control and prevention of problems
prevention of food contamination
control standards and enforcement
agencies responsible for pollution control
citizen power and lobbying

### 4.3.4 Safety hazards and natural disasters

analysis of statistics
identification of unsafe areas
floods
earthquakes
tornadoes and hurricanes
drought

4.4 The student...

- knows the factors associated with the causes, occurrence, treatment and control of disease and methods of prevention
- accepts responsibility to influence the factors associated with the causes, occurrence, treatment, control and prevention of disease
- evaluates the factors associated with the causes, occurrence, treatment, control and prevention of disease
- applies knowledge and skills in the prevention of disease

4.4.1 Common communicable diseases

causes and methods of transmission
signs and symptoms
treatment
natural and acquired immunity
influence of health habits on susceptibility
epidemics and pandemics
environmental controls
the common cold
influenza
tuberculosis
mononucleosis
venereal diseases

4.4.2 Common noncommunicable diseases

chronic diseases
degenerative diseases
genetic and chromosomal disorders
stress-related disease
treatment and rehabilitation
role of vital statistics in determining risk
screening programs
health risk analysis

4.4.3 History and influence of disease

death rates and life expectancy
diseases that changed course of history
effects of preventive measures
contributions of scientists and health professionals
trends and predictions
contributions of space science to disease control
research cost and potential
development of health-related industries

4.5 The student...

- o knows current community health problems
- o evaluates current community health problems
- o designs an action plan focusing on solutions of current community health problems
- o implements a personal plan focusing on solutions of current community health problems

4.5.1 Health problems of specific groups

handicapped, physically and mentally
veterans
indigent
aged
students
infants and preschool children
industrial workers
minorities
migrant workers
persons with chronic diseases
physically unfit

4.5.2 Local and state problems and programs

public cost of disease, injury and illness
location of health services and specialists
analysis of rural, urban and suburban health problems
use of computer technology
community organization as a tool
communication and use of mass media
laws helping or hindering solution of problems
licensing
inspection and enforcement of laws and regulations

4.5.3 National and international problems and programs

leading causes of death and illness
national fitness
cultural barriers to health care
international cooperation in controlling disease
federal government responsibilities
food and water shortages
education for health workers
World Health Organization and related bodies
International Union for Health Education's role
international narcotics traffic and control
health hazards of space environment
treaties and international agreements

### 4.5.4 Approaches to solving community health problems

accepting personal responsibility
providing reliable information
referral services
support for adequate health services
using tax resources
updating community health regulations
voluntary and professional health organizations
influencing and supporting health legislation
planning for health needs and potential problems
official health regulatory boards and agencies
use of police power by health authorities

4.6 The student...

- knows the relationship of personal interest and potential in the selection of health careers
- recognizes the relationship of personal interest and potential in the selection of health careers
- analyzes the relationship of personal interest and potential in the selection of a health career
- formulates a plan for applying personal interests and potential in the selection of a health career

4.6.1 Self awareness in relation to career selection

interest
values
aptitudes
educational background
self-discipline
socio-physiological limitations
attitudes

4.6.2 Professional and paraprofessional careers in health and allied fields

personal health services (generalists and specialists in medicine, dentistry, nursing, various therapy fields, etc.)
health facilities (hospital administrators, medical record librarians, laboratory technicians, aides, housekeepers, business office workers, etc.)
medical research
health planning
environmental health
voluntary health agencies
veterinary medicine services
emergency health services
school health education
local, state, national and international health agencies
community health education

### 4.6.3 Realistic perceptions

education and/or entry level requirements
skills basic to most health careers
mental and physical potential
preparation costs
duration of training
humanitarian rewards
ethics
pressures and stress
job security
previous experience
personal health status
preparation institutions
salary and benefits
impact on life styles
working environment
need to update skills in future
geographical location
opportunity for advancement
licensure requirements

4.7 The student...

- knows the skills for locating health resources to meet specific community health needs
- formulates a plan for locating health resources to meet specific community health needs
- demonstrates the skills for locating, evaluating and using community health resources
- evaluates the adequacy and reliability of health resources for specific community health needs

### 4.7.1 Sources of information

library card catalog
telephone book
local and state public health agencies
referral services
human resource directories
hospitals and clinics
newspapers
county extension offices
professional associations
magazines and other publications
radio and television
business and industry (pharmacies, chamber of commerce, manufacturers of health products, etc.)
voluntary agencies
schools, colleges, universities
friends, neighbors, relatives

### 4.7.2 General resources for services

personal physician, dentist, other health specialists
health, accident, hospital insurance
community health care facilities
personal resources
health planning grants and projects
retirement and health plans
family planning services
medicare, medicaid
state and local public health services
state, local and national legislators
voluntary health agencies
student health services

### 4.7.3 Seeking professional help

limits of do-it-yourself health care
where to begin to find help
following directions
selecting and using health products
using the political process
surveys, studies

## SUGGESTED ACTIVITY SHEET
## FORMAT

MENTAL HEALTH

GRADE LEVEL: _____ TOPICAL KEY: __________

CODE # ______

K
N THE STUDENT...
Competency O
W

Student S
Perform- H
ance O
Indicator/ W
Objective

Activity G Teaching emphasis: Knowledge ___ Attitudes ___ Problem Solving ___
O

SPECIAL RESOURCES NEEDED

L
O
O TEACHERS:
K
Evaluation I I feel I did ____________________________________
N
G I checked the student performance indicator by ______________
_______________________________________________
B
A Next time I would like to ___________________________
C
K _______________________________________________

SUGGESTED ACTIVITY SHEET
FORMAT

PHYSICAL HEALTH

GRADE LEVEL: ____ TOPICAL KEY: ______

CODE # ______

K
N THE STUDENT...
Competency O
W

Student S
Perform- H
ance O
Indicator/ W
Objective

Activity G Teaching emphasis: Knowledge ____ Attitudes ____ Problem Solving ____
O

SPECIAL RESOURCES NEEDED

L
O
O TEACHERS:
K I feel I did ______
Evaluation I
N I checked the student performance indicator by ____ ______
G
______
B Next time I would like to ______
A
C ______
K

## SUGGESTED ACTIVITY SHEET
## FORMAT

SAFETY

GRADE LEVEL: ____ TOPICAL KEY: ______

CODE # ______

K
N THE STUDENT...
Competency O
W

Student S
Perform- H
ance O
Indicator/ W
Objective

Activity G Teaching emphasis: Knowledge ____ Attitudes ____ Problem Solving ____
O

### SPECIAL RESOURCES NEEDED

L
O
O TEACHERS:
K
I I feel I did ______________________________
Evaluation N I checked the student performance indicator by ______________
G
______________________________________________
B Next time I would like to ______________________
A
C ______________________________________________
K

SUGGESTED ACTIVITY SHEET
FORMAT

GRADE LEVEL: ____ TOPICAL KEY: _______

CODE # ______

COMMUNITY HEALTH

K
N THE STUDENT...
Competency O
W

Student S
Perform- H
ance O
Indicator/ W
Objective

Activity G Teaching emphasis: Knowledge ____ Attitudes ____ Problem Solving ____
O

SPECIAL RESOURCES NEEDED

L
O
O TEACHERS:
K I feel I did ______________________________
Evaluation I
N I checked the student performance indicator by ______________
G ______________________________

B Next time I would like to ______________________________
A
C ______________________________
K

Prepared by: Chet Bradley - Health Education Supervisor

# AN OUTLINE OF BASIC ELEMENTS FOR A LOCALLY DEVELOPED WRITTEN CURRICULUM IN HEALTH EDUCATION

It is hoped that this outline would be an adaptable format for any curricular area.

I. Philosophy of school health education

II. Overview and description of the curriculum purpose and format

III. Local program goals, based upon identified needs and priorities

IV. Learner objectives designed to meet program goals K-6 and 7-12

V. Teaching/learning styles advocated

VI. K-12 scope and sequence outline

  A. Basic content or body of knowledge for health education
  B. Topical areas covered K-6 by grade level including approximate allocation of time in hours for each major topical area covered
  C. Health units covered 7-12 by grade level:
    1. Health units taught in separate structured health courses along with an approximate allocation of time in hours for each unit
    2. Health units taught in other subject areas along with the number of teachers involved and approximate allocation of time in hours for each unit
  D. Resources used for both students and teachers
  E. Teaching strategies and learning activities found to be successful

VII. Plan for evaluation

  A. Students
  B. Program

VIII. Plan for program implementation

  A. Present program being delivered
  B. Short-range improvements
  C. Long-range improvements

## BASIC ASSUMPTIONS FOR CURRICULUM DEVELOPMENT

I. The total curriculum includes a democratic process of program development, a written program of instruction, actual delivery of instruction, and a continuous process of evaluation.

II. Any local curriculum must be based upon the district's philosophy and goals.

III. Curriculum planning, implementation, and evaluation is a continuous process.

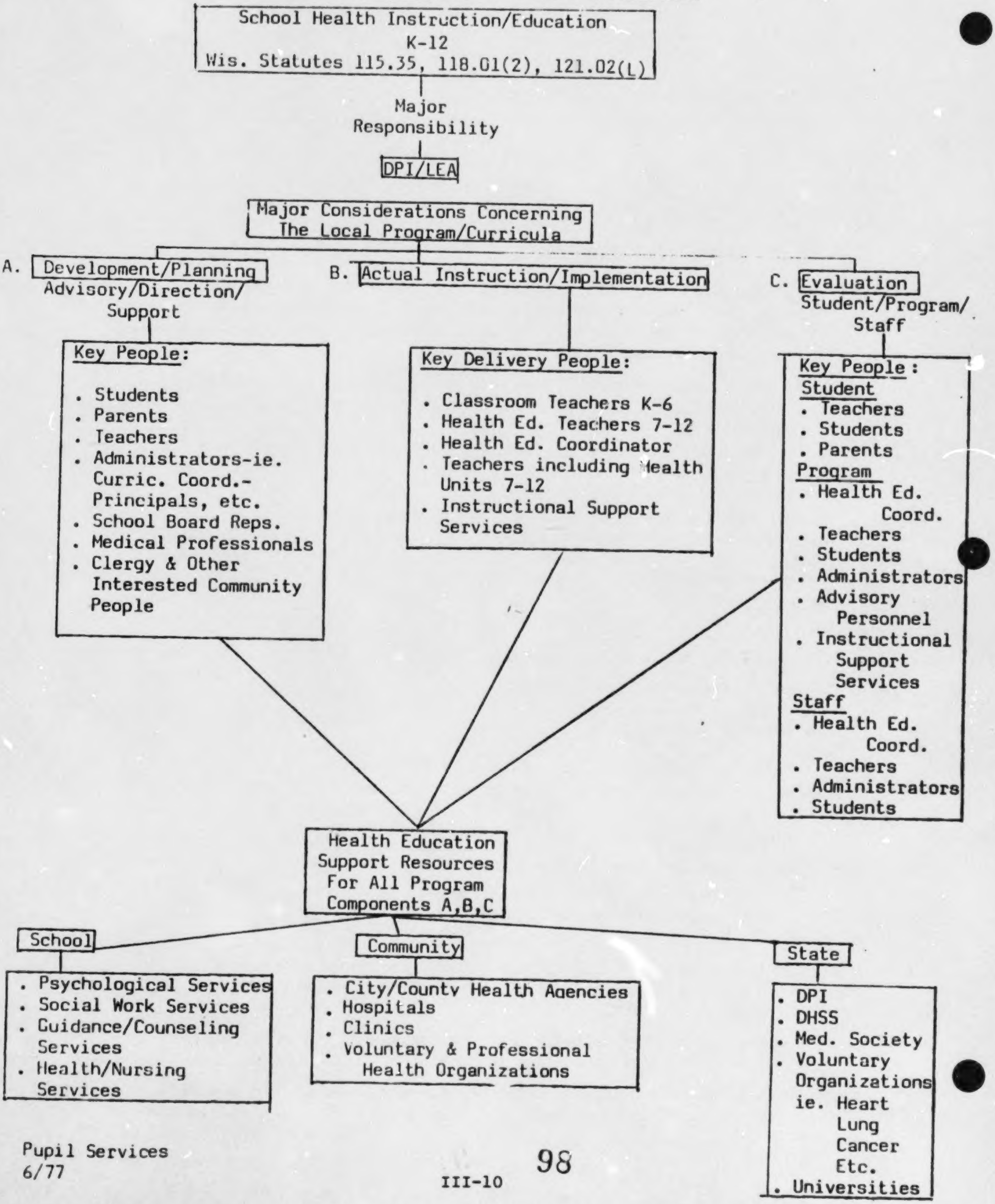
IV. A significant outcome of the curriculum development and implementation process is the professional growth of all those involved along with a written curriculum guide.

V. The specifics of a program guide may vary according to what has been identified as the local needs and priorities.

VI. A curriculum guide identifies both what presently is provided (real) along with what should be (ideal) and thus serves as a vehicle for change.

# Organizational and Support Considerations for School Health Education

By: Chet Bradley - Health Education Supervisor
Wisconsin Department of Public Instruction



School Health Instruction/Education
K-12
Wis. Statutes 115.35, 118.01(2), 121.02(L)

Major Responsibility

DPI/LEA

Major Considerations Concerning The Local Program/Curricula

A. **Development/Planning**
Advisory/Direction/Support

Key People:

- Students
- Parents
- Teachers
- Administrators-ie. Curric. Coord.-Principals, etc.
- School Board Reps.
- Medical Professionals
- Clergy & Other Interested Community People

B. **Actual Instruction/Implementation**

Key Delivery People:

- Classroom Teachers K-6
- Health Ed. Teachers 7-12
- Health Ed. Coordinator
- Teachers including Health Units 7-12
- Instructional Support Services

C. **Evaluation**
Student/Program/Staff

Key People:

Student
- Teachers
- Students
- Parents

Program
- Health Ed. Coord.
- Teachers
- Students
- Administrators
- Advisory Personnel
- Instructional Support Services

Staff
- Health Ed. Coord.
- Teachers
- Administrators
- Students

Health Education Support Resources For All Program Components A,B,C

School
- Psychological Services
- Social Work Services
- Guidance/Counseling Services
- Health/Nursing Services

Community
- City/County Health Agencies
- Hospitals
- Clinics
- Voluntary & Professional Health Organizations

State
- DPI
- DHSS
- Med. Society
- Voluntary Organizations ie. Heart Lung Cancer Etc.
- Universities

Pupil Services
6/77

## CERTIFICATION REQUIREMENTS FOR HEALTH TEACHERS - IN WISCONSIN

I. Elementary level (K-8)--no specific certification requirement related to teaching health education as part of a regular classroom activity.

The department of Public Instruction strongly recommends that all elemen-teacher preparation institutions include health education as part of the preservice preparation for all elementary teachers.

In addition, an elementary teacher certificated to grade eight may be licensed at the ninth grade level in areas in which a minor or major have been completed (e.g., health education).

II. Secondary level (7-12)--certification requirements in health education are the same as all other academic subject areas (science, math, etc.). This requires a 22 semester-credit minor, or a 34 semester-credit major from a Wisconsin teacher preparation institution with an approved program in health education. Presently the following institutions have approved programs:

Minor - UW-Madison
- UW-River Falls
- UW-Oshkosh
- UW-Milwaukee
- UW-Stevens Point
- UW-Superior
- UW-Whitewater
- UW-Platteville
- Carthage College

Major/Minor/M.S. - UW-La Crosse

(Note: teachers holding secondary level health certification may also teach health education in a middle school including grades 4-6).

Certification may be granted to individuals with a degree in health education from an out-of-state teacher preparation institution. These requests are reviewed by the Department of Public Instruction's certification section.

The certification section may grant a one-year temporary credential to a teacher with preparation in health education, if certification is requested by the school district administrator using proper DPI application forms.

Renewal of this temporary certificate may be granted only under the following conditions:

- that a shortage of certificated applicants continues
- that an individual receives no fewer than six semester hours of credit in an approved health education program each year until becoming eligible for regular certification.

State of Wisconsin DEPARTMENT OF PUBLIC INSTRUCTION
Barbara Thompson, Ph.D.
State Superintendent
Dwight M. Stevens, Ph.D.
Deputy State Superintendent

DIVISION FOR INSTRUCTIONAL SERVICES
Robert C. Van Raalte, Assistant Superintendent

# Minimal Standards for Approved Teacher Preparation Programs in Health Education

## Adopted by the State Superintendent's Advisory Committee for Teacher Education and Certification

## April 12, 1975

All Wisconsin teacher preparation programs in health education should make every effort to meet the Recommended Standards for the Accreditation of Teachers of Health Education and Competencies of the Health Educator as developed by the School Health Division Task Force of the American Association for Health, Physical Education and Recreation.(1)

The State Superintendent's "Advisory Council on Health Problems Education" has developed the following minimal standards for original approval or continuation of a Department of Public Instruction-approved teacher preparation program leading to teacher certification in health education:

I. Staff

A. Minimal professional preparation
-masters degree in health education

B. Minimal experience
-three years' experience teaching health education at the elementary and/or secondary level

C. Number and Competency
-at least one full-time faculty whose major responsibility is health education
-the preparation institution can show that faculty assigned to teach specific courses in the minor, major or masters program have had professional preparation in that area.

---

(1) Professional Preparation in Dance, Physical Education, Recreation Education and School Health Education, AAHPER Publications, copyright 1974, 103-128.

## II. Program

### A. Content

-the program shall provide prospective teachers with learning experiences which will develop teaching competencies and a communicative understanding and awareness of: (2)

1. personal health and physical fitness including basic understanding of the body and its vital organs.
2. community and environmental health including sanitation and pollution.
3. nutrition including weight control, food fads, and diet supplements.
4. emotional and mental health.
5. physical, social and emotional health aspects of drugs including alcohol and tobacco.
6. the understanding of the physical, social and emotional aspects of human sexuality.
7. communicable diseases (including venereal disease), body defenses, and immunization programs.
8. basic understanding of common physical and mental exceptionalities and degenerative diseases.
9. consumer health including selection of health products, and professional services; quackery; and evaluation of advertising.
10. first aid and emergency care
11. safety including outdoor, water, home, industrial and traffic.

### B. Scope of health education preparation programs

#### 1. Minor

a) minimal topical areas for a minor of 22 credits shall include:

physical health
psycho-social health
environmental and community health
safety and survival

b) health education curriculum and resources (development, implementation, coordination and evaluation)

#### 2. Major

-a 34-credit major shall include courses required for a minor plus additional specialized health courses and electives from such fields as

---

(2) Adopted from: Standards for State Approval of Teacher Education, National Association of State Directors of Teacher Education and Certification (NASDTEC) (1973 revised version)

a) behavioral and biological sciences pertinent to the study of health
b) guidance and counseling
c) educational administration
d) curriculum development
e) public relations

3. Graduate program

a) should increase knowledge and competencies in all areas of health

b) should provide advanced practical experiences including but not limited to curriculum coordination, supervision and administration, and preparation for higher education teachin and counseling.

DPI - PS - 4/77

# WISCONSIN STATE STATUTES - HEALTH INSTRUCTION

121.02 (2) (L) Health Instruction. Provision shall be made for instruction in elementary and high schools by qualified teachers in health, physical education, art and music.

ADMINISTRATIVE RULES

(L) 1. Health instruction shall be provided in accordance with a written comprehensive health education curriculum which includes the curricular areas defined in ss. 115.35 and 118.01(2) of the Wisconsin Statutes. A professional staff member shall be designated as coordinator of health education. Health education in grades K-6 shall be under the supervision of a department certificated health teacher. In grades 7-12 health education shall be conducted by or under the supervision of a department certificated health teacher and shall include one structured course in health taught by a department certificated health teacher.

Clarification of administrative rules for state statute 121.02(L)1. Health Instruction follow:

## Administrative Rule

Health Instruction shall be provided in accordance with a written comprehensive health education curriculum which includes the curricular areas defined in ss.115.35 and 118.01(2) of the Wisconsin Statutes.

### Clarification

- locally developed written curriculum
- curriculum includes areas defined in ss.115.35, i.e.:
  - controlled substances identified in ss. 161.01(4)
  - alcohol
  - tobacco
  - mental health
  - related health and safety topics
- and in ss. 118.01(2), i.e.:
  - physiology and hygiene
  - sanitation
  - effects of controlled substances under 161.01 upon the human system
  - symptoms of disease
  - proper care of the body

Note: 118.01 (2) also states that:

- the above shall be taught in either the 6th, 7th or 8th grade
- but no pupil shall be required to take such instruction if parents file with the teacher a written objection thereto
- instruction in physiology and hygiene shall be offered in every high school

Administrative Rule

A professional staff member shall be designated as coordinator of health education.

Clarification

A DPI certificated professional staff person, i.e., teacher, administrator, etc. can serve as coordinator of health education.

Administrative Rule

Health education in grades K-6 shall be under the supervision of a Department certificated health teacher.

Clarification

- the elementary teacher is responsible for the health instruction in grades K-6
- supervision means to assist the elementary classroom teacher and help in coordination of the program

Administrative Rule

In grades 7-12 health education shall be conducted by or under the supervision of a Department certificated health teacher and shall include one structured course in health taught by a Department certificated health teacher.

Clarification

- all (7-12) health education courses must be taught by a certificated health teacher
- any courses including health education units identified as part of the comprehensive health education program shall be under the supervision* of a certificated health teacher
- sometime during grades 7-12 every student must be given the opportunity to take a structured health course taught by a certificated health teacher
- a student could be excused from this requirement if parents request in writing that this be done

*Supervision may include such activities as inservice, small and large demonstrations, classroom visits, conferences, instruction via television and direct assistance to other teachers.

115.35 Health Problems Education Program. (1) A critical health problems education program is established in the department. The program shall be a systematic and integrated program based on scientific knowledge of the human organism as it functions within its environment and designed to favorably influence the health, understanding, attitudes and practices of the individual child which will enable him to adapt to changing health problems of our society. The program shall be designed to educate youth with regard to critical health problems and shall include, but not be limited to, the following topics as the basis for comprehensive education curricula in all elementary and secondary schools: controlled substances, as defined in s.161.01 (4);

alcohol; tobacco; mental health; and related health and safety topics.

(2) In carrying out this section, the state superintendent may, without limitation because of enumeration:

(a) Establish guidelines to help school districts develop comprehensive health education programs.

(b) Establish special inservice programs to provide professional preparation in health education for teachers throughout the state.

(c) Provide leadership to institutions of higher education to develop and extend curricula in health education for professional preparation in both inservice and preservice programs.

(d) Develop cooperative programs between school districts and institutions of higher education whereby the appropriate health personnel of such institutions would be available to guide the continuing professional preparation of teachers and the development of curricula for local programs.

(e) Assist in the development of plans and procedures for the evaluation of health education curricula.

118.01 (2) Physiology and Hygiene. Physiology and hygiene, sanitation, the effects of controlled substances under ch. 161 and alcohol upon the human system, symptoms of disease and the proper care of the body shall be taught in either the 6th, 7th, or 8th grades, but no pupil shall be required to take such instruction if his parents file with the teacher a written objection thereto. Instruction in physiology and hygiene shall be offered in every high school.

January 2, 1974

Barbara Thompson, Ph.D.
State Superintendent of Public Instruction
126 Langdon Street
Madison, Wisconsin 53702

Dear Dr. Thompson:

Your Task Force on Establishing Criteria for Health Education has completed its assignment. A total of six full-day meetings were conducted, at which we developed the attached criteria.

The Task Force reviewed the need for comprehensive school health education, which has been recognized by a wide range of professional groups for a long time. To cite some examples, the summary report of the National School Health Education Study of 1961-1963, states that,

> It becomes increasingly evident that the possession of certain basic knowledge about health is essential if each individual is to take prompt advantage of the advances of medical science, protect himself against the hazards of medical quackery, and achieve for *himself, his family, and his community,* an optimal level of health. Fundamental to the acquisition of such knowledge is a sound program of health instruction in the nation's schools, since it is during childhood and adolescence that the process of acquiring correct health information and the development of proper health attitudes and practices must begin.

In 1968, the Joint Committee of the National School Boards Association and the American Association of School Administrators stated that,

> . . . The Committee is unanimous in its firm belief that the only effective way in which the school can fulfill its responsibility for meeting the health needs of youth is through *comprehensive health education* in grades K-12.
>
> . . . Such a comprehensive approach . . . avoids "band wagon" approaches, crash programs, and piecemeal efforts focused on one or a few topics that happen to be enjoying popularity or extensive press coverage at a particular time — an approach which on the basis of past experience has proved to be largely ineffective.

In Wisconsin the report of the Governor's Health Planning and Policy Task Force, of November 1972, points out,

> **It is clear that poor, incomplete health education of the public has meant that many individuals have paid a terrible price for their lack of sound information. Education is at the heart of preventive care, yet curiously, health education has not enjoyed any priority in public expenditures.**

The Governor's Task Force, has on three different occasions in its report, recommended that "legislation be enacted to make the 'Critical Health Problems Curriculum' (State Statute 115.35) mandatory" for Wisconsin schools.

Finally, as recently as 1973, throughout the *Report of the President's Committee on Health Education*, the critical need for comprehensive school health education is reinforced. The citing of but two examples serves to illustrate what a low priority is often assigned health education programs when their incorporation into school curricula could serve to prevent many health problems. The report states that,

> **School health education in most primary and secondary schools is either not provided at all or is tacked onto other subject matter, such as physical education or biology, assigned to teachers whose main interests and qualification lie elsewhere.**
>
> **On the state level health departments spend less than half of one percent of their budgets for health education.**

These examples reinforce the need for quality school health education in Wisconsin. Our Task Force has recognized this need, and has developed the attached document as minimal criteria to implement the health instruction standard of Statute 121.02.

I should also add that in developing the criteria for the health instruction standard, the Task Force reviewed health education standards which have been developed for the states of Minnesota, Illinois, Florida and Arizona.

Concerning funding for health education, the Task Force respectfully requests the State Superintendent to promote legislation that would provide state support for salaries of certified health education coordinators and health instructors consistent with support provided for speech therapists, schools psychologists, social workers and special education teachers. We believe that school health education programs should be aimed at *prevention* of individual physical and emotional health problems and to this end all school districts must be able to provide qualified coordinators and teachers. State sharing of salaries of health education instructors and coordinators would help to insure achievement of this goal.

Finally, the Task Force is pleased to report unanimous agreement on all criteria items contained within this document. While the criteria are minimal expectations, we feel, that if met, they can provide adequate health instruction to meet the needs of children.

Sincerely,

Chet Bradley
Consultant — Health Education
Chairperson — Task Force on Developing
Standards for Health Education

## HEALTH EDUCATION TASK FORCE CRITERIA

completed as of December 13, 1973

Wisconsin Statute — 121.02 School
District Stardards — item (L)

### (L) HEALTH INSTRUCTION

The goal of the health instruction standard is to assure that K-12 *comprehensive health education* is provided in all Wisconsin schools and is designed to provide opportunity for experiences that influence positively the health understandings, attitudes and practices of the individual in everyday living.

### Health Education Plan

Each school district shall develop a K-12 comprehensive health education curriculum and program of instruction. This program shall be implemented by the 1975-76 school year. (Districts should consult the DPI Comprehensive Health Education Guidelines, *Suggestions for Developing Health Education Programs in Wisconsin Schools*, for assistance in developing their programs).

Each district shall develop a written plan for implementation, which shall include, but not be limited to the following:

**I. Objectives**

A concise statement of health education program goals and objectives should be developed for each grade level where health education is taught.

**II. Program**

The instructional program should include the curricular areas defined in State Statutes 115.35 and 118.01(2), with additional areas developed to meet local pupil and community needs.

The curriculum shall be a planned developmental and sequential program, K-12. The elementary program shall include planned units of health instruction at each grade level. The secondary program shall include instruction in required health courses for at least two semesters.

It is recommended that a comprehensive health education program should:

A. be aimed at prevention of individual physical, emotional, and social health problems;

B. be one that provides a healthful school environment, which reinforces what is being taught in the classroom;

C. include instruction in the major areas of physical health, social health, mental health, environmental and community health, and education for survival;

D. be developed through cooperative planning by educators, students, parents, and other advisory committee members;

E. be designed to promote and develop positive attitudes and practices toward the solution of public health problems;

F. be based upon current and scientifically accurate health information;

G. bridge the gap between health information and health practices;

H. be coordinated on a multi-disciplinary basis with related subject areas;

I. focus on the positive aspects of optimal health, and not be totally centered on the study of health problems; and,

J. facilitate the exploration and use of innovative and creative instructional methods, which actively involve students in the achievement of established objectives.

**III. Staff**

*Coordinator*

1. A qualified staff person shall be designated as health education coordinator.

   It is recommended that the coordinator have professional preparation and *primary interest* in health education. Ideally, this person should hold certification or have a graduate degree in health education.

District alternatives in designating a coordinator:

- the individual district designates a health education coordinator;
- two or more districts designate and support a health education coordinator; or,
- two or more districts contract and share a CESA-level health education coordinator.

*Elementary*

2. Health instruction at the elementary level shall be the responsibility of the classroom teacher.

   It is recommended that elementary teachers have a minimum of three semester credits of school health education or equivalent inservice credit, as approved by the local board of education.

*Secondary*

3. Separate classes in health education at the secondary level shall be taught by teachers holding certification in health education, required since 1969. (This includes middle school, junior high school, and senior high school grades).

   It is recommended that secondary level health teachers have an undergraduate major or a graduate degree in health education.

## IV. Class Size

Health education is an academic subject, thus health classes shall be consistent in size with classes in other required academic subjects.

It is recommended that class size be maintained at a level which will provide adequate opportunity for interaction among students and between students and teacher, since individualized instruction is particularly relevant to health education.

It is recommended that classes be coeducational.

## V. Time

*Elementary Level*

Each school district shall provide sufficient instructional time at all elementary grade levels to teach specific planned curricular units, and to achieve established program objectives.

*Secondary Level*

Each school district shall provide two (2) semesters of required health education during grades 6-12, one semester of which must be taught in grades 6-7-8- or 9. (This would fulfill instructional requirements in State Statute 118.01[2]).

Definitions:

1. A semester is defined as being no less than the number of periods provided in a semester for other required academic subjects. This means 90 class periods in a semester, or its equivalent during a school year.
2. Secondary health education is defined as a separate course of health instruction taught by a qualified teacher.

   It is recommended that elective courses in health education be offered beyond the minimum requirements.

   It is recommended that senior high school health education courses receive credit equal to other required academic subjects.

## VI. Facilities

Each school district shall provide adequate health education instructional and resource facilities to enhance the achievement of program goals and objectives, and which are appropriate to the type of activities being taught. Such facilities shall be comparable to those provided in other required academic subjects.

## VII. Materials and Equipment

Each district shall provide instructional materials and equipment in sufficient quantity to achieve defined needs of the program, as set forth in the goals and objectives.

## VIII. Funding

Each district shall budget funds necessary to implement stated health instruction criteria.

## IX. Evaluation

Each school district shall conduct an annual review of its health education program. This evaluation should assess:

1. whether the district meets the minimal *criteria* established under State Statute 121.02(L). This assessment shall be reported annually to the Department of Public Instruction.

2. whether the health instruction program meets the established objectives and is adequate to meet the needs of all pupils.

   It is recommended that this evaluation might include:

   A. pre- and post-tests to determine pupil knowledge, interests, attitudes, and practices related to the health curriculum;

   B. pupil self-evaluation of health status and practice;

   C. teacher self evaluation to assess instructional performance and currilculum relevance; and,

   D. involving students, administrators, teachers, and others in the evaluation process.

### HEALTH EDUCATION TASK FORCE MEMBERS

**Dr. A. G. Waltke (MD)**
**Wisconsin Association of School Boards**
**Delafield**

**Mrs. Marion Leifer**
**Wisconsin Congress of Parents and Teachers, Inc.**
**Madison**

**Dr. Craig Larson (MD)**
**Wisconsin Medical Society**
**Milwaukee**

**Dr. William R. Thompson**
**Wisconsin Dental Association**
**Madison**

**Dr. Richard Hardy**
**University of Wisconsin–La Crosse**
**La Crosse**

**Mrs. Alice Johnson**
**Milwaukee Public Schools**
**Milwaukee**

**Rev. Mark Schommer**
**Private Schools**
**Green Bay**

**Mr. John Stofflet**
**Wisconsin Association of School District Administrators**
**Middleton**

**Mr. Donald Ganther**
**Wisconsin Federation of Teachers**
**Eau Claire**

**Ms. Myra Bays**
**Wisconsin Education Association**
**Pardeeville**

**Mr. Chet Bradley**
**Department of Public Instruction**
**Madison**

## SELF - REALIZATION

Schools of the future will exercise a more concerted effort to aid each child to develop a feeling of self-worth and confidence which will enable him/her to experience a sense of pride and accomplishment in a highly technological, rapidly and dramatically changing society. The individual should develop a positive self-image within the context of his/her own heritage and within the larger context of the total society.

The student shall:

1. know and respect himself/herself.
2. recognize his/her strengths and limitations in setting personal goals.
3. develop his/her interests and potentials in order to achieve those personal goals.
4. have insight into one's own value structure, how values affect one's lite and relationship with others.

## HUMAN RELATIONS

Human Relations is the interaction of individuals with one another and with groups. Schools cannot ignore human relations, because (by means of their social systems, organizational structures, teaching methods, and administrative practices) they teach it whether consciously or not.

Schools shall foster an environment where students, all school personnel and other community members interrelate to seek self-knowledge and understanding, appreciation, respect and concern for all human beings.

The student shall:

1. understand, appreciate and respect one's self.
2. have a desire to contribute to the well being of society in all areas of his/her life and place a higher value on people than things.
3. understand and appreciate the value systems, cultures, customs and history of his/her own heritage as well as those of others.
4. possess the skills and attitudes necessary to assure the continuing development of:
    a. respect for the rights of one's self and others.
    b. the ability to form satisfying and responsible relationships with a wide variety of people.
    c. skill in group relations.
    d. the ability to initiate and maintain personal friendships.
    e. a recognition of the political, social and cultural interdependence among peoples of the world.
    f. an understanding of the various domestic and international life styles.
    g. the ability to manage conflicts in values.
    h. respect for the work efforts of one's self and all others.

## BASIC SKILLS

Schools are a significant agency of society for the development of basic skills. It is essential that a person be able to interact within a changing society and make reasonable judgments about it. To that end, schools must explore and implement the best possible ways for students to acquire and apply the fundamental skills necessary to learning.

The student shall:

1. comprehend ideas and facts through reading, viewing and listening.
2. communicate ideas and facts through writing and speaking.
3. use the processes of language, science and mathematics.
4. perform psychomotor (mental-physical) activities necessary to learning.
5. use problem-solving techniques and processes used in decision-making.

## MENTAL AND PHYSICAL HEALTH

The insistence that our youth develop sound minds and bodies must be a continuing value of a renewing society. Children come to school with different mental and physical capabilities. Schools shall develop self-concepts and physical skills in accordance with each child's potential.

The student shall:

1. have the basic physical and mental health necessary for his/her optimum growth and development.
2. understand the emotional and social aspects of human sexuality.
3. understand the interrelationship of mental and physical health.
4. have an awareness of and an incentive to use community resources essential to assure his/her optimum mental and physical health.
5. recognize leisure time activities as a vital part of human life, and possess sufficient skill and interest in an area of activity other than that of his vocational choice to be able to make constructive use of leisure time.
6. demonstrate knowledge, use and appreciation of safety principles, concepts and practices.
7. possess knowledge concerning the various body systems and how they are affected by dietary habits, physical and mental activity, drugs, alcohol, tobacco and poisons.

## CAREER EDUCATION AND OCCUPATIONAL COMPETENCE

In a rapidly changing society where occupations change, appear and disappear, means must be found to equip students to deal with the world of work. Schools must offer students an education that prepares them for alternative occupational, academic and technical programs beyond high school.

The student shall:

1. have a respect for the dignity of all occupations and the desire to pursue a satisfying vocation.
2. have acquired a knowledge and understanding of opportunities open to him/her for preparing for a productive life.
3. have developed those occupational competencies consistent with his/her interests, aptitudes and abilities which are prerequisite to entry and advancement in the economic system and/or academic preparation for acquisition of technical or professional skills through post-high school training.

## CULTURAL APPRECIATION

Harmony among peoples of the world requires appreciation and understanding of diverse cultures. Students shall have opportunities to learn about various cultures and to deepen their appreciation of their own heritage.

The art forms of a people communicate much that is necessary to know about their culture. In order to heighten this kind of understanding, students should have opportunities to express themselves in a variety of artistic ways.

The student shall:

1. have an appreciation of art, crafts, music, literary and dramatic forms, and their place in the historical and cultural heritage of this and other nations.
2. have the experience and skills necessary for the creative use of leisure time.
3. have an awareness of the importance of and the use of cultural and recreational facilities in his/her community.

## LIFELONG LEARNING

Life expectancy is such that the average individual has many productive years beyond his formal school years. At the same time, the world is changing at an ever-increasing rate, constantly requiring new approaches. It is therefore imperative that an individual be prepared to participate in a lifelong learning experience.

The student shall:

1. be responsive to the needs and opportunities to learn afforded by an ever-changing social, economic and political environment.
2. have knowledge of the possibilities for continuing self-development in light of increasing educational and leisure time opportunities.

## CITIZENSHIP AND POLITICAL UNDERSTANDING

Citizenship is the quality of an individual's response to membership in the community of the locality, state, nation and world. Because schools are a part of society and because ours is a society based on the premise that people are able to govern and direct themselves through law, it is important that the total school experience offer opportunities for students to learn and practice their roles, rights, and responsibilities within legitimate government.

The student shall:

1. understand the structure, governance and governmental heritage of society (communities, state, national, world).
2. understand the importance of effective participation in fulfilling his/her obligation to society.
3. have developed the skills to participate in a democratic society as a result of his/her total school experience.

## ECONOMIC UNDERSTANDING

In the American economic system, students must understand those factors that affect both their own economic condition as well as the standards of living among the world community.

Effective participation in the economy as a consumer and producer of goods and services requires understanding of personal and world economics and the relation of government to economy.

The student shall:

1. learn to evaluate his/her needs, match products to needs and effectively use products and natural resources.
2. understand the various systems of production and distribution, the role and responsibility of the individual in these systems and the ways in which these systems influence the lives of people.
3. understand the relationship between individual consumption of goods and the effect on the environment.
4. understand the process of obtaining employment, planning and budgeting personal income, saving and investing, and financing major purchases.
5. be aware of the agencies which assist and protect consumers and producers.
6. be aware of national and international business organizations, monetary systems and the effects of government on their economies.

## PHYSICAL ENVIRONMENT

The quality of life and ultimately the question of survival depends upon man's ability to live in harmony with his physical environment. Schools must therefore provide experiences leading to the acquisition of knowledge, skills and attitudes that will enable society to develop a balanced use of natural resources that recognizes the concurrent rights of present and future generations.

1. Students shall acquire knowledge and understanding of the social, physical and biological worlds and the balance between man and his environment.

   Students shall have:
   - a. an understanding of the social, economic and political implications of population growth.
   - b. knowledge of the basic facts regarding ecological balance and the effect of people, technology and industrialization on altering and maintaining this balance.
   - c. developed a comprehension and perspective of the world as an integral ecosystem.
   - d. an understanding of how people and technology alter the natural and physical environment.

2. Students shall have attitudes and behaviors leading to the appreciation, maintenance, protection and improvement of the physical environment.

   Students shall acquire knowledge and skills which enable them to:
   - a. improve their personal environment.
   - b. discriminate in their producing, usage and purchasing practices in relation to ecological considerations.
   - c. be a responsible developer and user of technology.
   - d. play an active role in preserving and improving the environment.
   - e. engage in environmentally compatible life styles.

## CREATIVE, CONSTRUCTIVE AND CRITICAL THINKING

A student must be able to cope with changes affecting the quality of his life. A student must be prepared to apply imagination, creativity, constructive and critical thinking to personal problems and societal conflicts. The school shall provide an environment where students can develop skills of thinking and where experiences can be examined and integrated.

The student shall:

1. be able to deal effectively with situations which are new to his/her experiences.
2. think and act in an independent, self-fulfilling way and in a considerate and responsible manner toward others.
3. have skills in the logical processes of search, analysis, evaluation and abstract thinking.

# The Need For Health Education: Prevention Is Cheaper Than Correction

by Chet Bradley and Luida Sanders

IF YOU KNEW THAT WISCONSIN PEOPLE INDIVIDUALLY AND AS TAXPAYERS could save $1,000 per year for every man, woman and child if they took certain actions, would you expect them to do so? The logical answer is yes; but when the saving relates to the cost of illness and early death, social and emotional disruption, or unproductive and unhappy lives, the answer is far less than clear.

## The Problem

Of course, no one knows precisely what lack of health costs or what the potential saving would be. Nor do we know exactly what we are spending to cause health problems. We can only look at some examples and speculate about others.

A single case of lung cancer costs thousands of dollars and years of life as well as physical and emotional pain for the patient and the family. It is well documented that such cancers are caused primarily by cigarette smoking. Yet, in one year in Wisconsin consumers paid more than $80 million in state cigarette taxes. Young people, particularly girls, are starting to smoke at a younger age while many adults are tryng unsuccessfully to stop. If we can spend this much money creating the problem, why can't we spend as much on prevention in a quality health education program?

Take another problem. Wisconsin last year spent over $37 million toward treatment of alcohol use problems. During the same year consumers paid more than $8.4 million in taxes on beer and $28.5 million on wine and liquor beside the cost of the products. If we are willing to spend so much money creating problems, why aren't we willing to spend as much on preventing those related to alcohol use?

We hear of the taxpayers' dilemma related to the school budget and to the high cost of medical care, but the complaints about the price of cigarettes and beer, liquor and wine plus the taxes are very faint indeed.

We could look at that necessity of life, food. Nutritionists tell us we choose too much of the wrong things in our eating habits with the result that more than 70 million Americans are overweight.

Communicable diseases which could be prevented with immunization still occur. Consider how much polio used to cost in money as well as permanent disablement. Today, cases are seldom heard of because a massive, national health education effort aimed at prevention produced action to protect the majority of our children from this crippling disease.

The list of problems could go on and on. If we are not using the knowledge presently available, are we any more likely to use the tremendous amount of new information coming from medical and health

---

*Mr. Bradley is the health education consultant at DPI. Ms. Sanders retired in January as health consultant at DPI.*

research in years to come? We're paying for the research and yet we pay for not using the results. Does this make sense?

## The Need For Prevention

For years, authoritative groups in and out of education have supported school health education and have recognized the need for quality school programs. To cite some examples, the summary report of the National School Health Education Study of 1961-63 states:

> It becomes increasingly evident that the possession of certain basic knowledge about health is essential if each individual is to take prompt advantage of the advances of medical science, protect himself against the hazards of medical quackery, and achieve for *himself*, his *family*, and his *community*, an optimal level of health. Fundamental to the acquisition of such knowledge is a sound program of health instruction in the nation's schools, since it is during childhood and adolescence that the process of acquiring correct health information and the development of proper health attitudes and practices must begin.

In 1968, the Joint Committee of National School Boards Association and the American Association of School Administrators stated:

> . . . The Committee is unanimous in its firm belief that the only effective way in which the school can fulfill its responsibility for meeting the health needs of youth is through *comprehensive health education* in grades K-12.
>
> Such a comprehensive approach . . . avoids the "band wagon" approaches, crash programs, and piecemeal efforts focused on one or a few topics that happen to be enjoying popularity or extensive press coverage at a particular time—an approach which on the basis of past experience has proved to be largely ineffective.

In a 1970 resolution, the "Big Six" (composed of the National Education Association, the American Association of School Administrators, the National Association of State Boards of Education, The National School Boards Association, the Council of Chief State School Officers, and the National Congress of Parents and Teachers, said the following:

> We urge that federal legislation give support to a comprehensive (K-12) health education program that will combine needed attention to such health problems as alcohol and drug abuse, smoking and health, physical fitness, mental health, family life and human development, human ecology, the need for continuous health supervision, venereal disease, nutrition, accident prevention and consumer education.

The 1972 edition of *School Health: A Guide for Physicians*, issued by the committee on school health of the American Academy of Pediatrics, states:

> Specific qualifications for teaching health education should be as high as those required for teaching in other subject areas. Health subjects can be treated only by skilled and informed teachers in curriculum arrangements developed by specially trained curriculum planners. The health subjects are not well handled by rainy-day lessons or by poorly prepared and unenthusiastic teachers.

Throughout the 1973 *Report of the President's Committee on Health Education*, the critical need for comprehensive school health education is documented and reinforced.

In February 1974, a "Comprehensive School Health Education Bill" was introduced to both houses of the 93rd Congress. The following points are included in the "Findings and Purpose" section:

- It is the purpose of this Act to encourage the provision of comprehensive programs in elementary and secondary schools with respect to health education and health problems by establishing a system of grants for teacher training, pilot and demonstration projects, and the development of comprehensive health education programs.

- Health education in the schools has the potential for enhancing the quality of life, raising the level of health for the student's lifetime by significantly reducing those health problems susceptible to educational intervention, and favorably influencing the learning process.
- The provision of a comprehensive program with respect to health education and health problems for the children and youth of the nation should be given high priority.
- Most children and youth of the nation now do not have an opportunity to participate in comprehensive health education programs, since health education in many schools is nonexistent or is provided on a fragmented and inadequate basis.

This bill is particularly important because for the first time funds would be authorized specifically for health education. It is anticipated that a similar bill will be re-introduced early in 1975. In Wisconsin a statewide committee of interested persons representing a wide range of professional and voluntary organizations will be following the progress of the bill very closely.

Wisconsin recognized the need for quality health education when in 1970 the bill on critical health problems education was signed into law. It authorizes the state superintendent to promote, support and conduct programs which will lead all Wisconsin schools to provide comprehensive health education curricula from kindergarten through grade twelve. Work toward achieving this goal is being carried on by the Department of Public Instruction through consultant services to local school districts.

In 1972 the State Superintendent's Task Force on Educational Goals for Wisconsin's Public Elementary and Secondary Schools listed the following as specific goals for the mental and physical health of each student:

1. Have the basic physical and mental health necessary for his/her optimum growth and development.
2. Understand the emotional and social aspects of human sexuality.
3. Understand the interrelationship of mental and physical health.
4. Have an awareness of and an incentive to use community resources essential to assure his/her optimum mental and physical health.
5. Recognize leisure time activities as a vital part of human life, and possess sufficient skill and interest in an area of activity other than that of his vocational choice to be able to make constructive use of leisure time.
6. Demonstrate knowledge, use and appreciation of safety principles, concepts, and practices.
7. Possess knowledge concerning the various body systems and how they are affected by dietary habits, physical and mental activity, drugs, alcohol, tobacco and poisons.

Finally, in 1973, state statute 121.02 School District Standards (1) (L) mandated provision for instruction in elementary and high school by qualified teachers in health.

## Defining School Health Education

State Statutes and authoritative groups have said we need health education what do they mean?

The Report of the Joint Committee on Health Education Terminology, representing several nation-wide groups, in 1973 defined the following terms commonly used in the field:

*HEALTH.* A state of physical, mental and social well-being and dependent upon the interaction of these dimensions—a dynamic, ever-changing state.[1]

*HEALTH EDUCATION.* A process with intellectual, psychological and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family and community well-being. This process, based on scientific principles, facilitates learning and behavioral change in both personnel and consumers, including children and youth.[2]

*HEALTH INSTRUCTION.* The process of providing a sequence of planned and spontaneously originated learning opportunities comprising the organized aspects of health education in the school and community.

*SCHOOL HEALTH EDUCATION.* The health education process associated with health activities planned and conducted under the supervision of school personnel with involvement of appropriate community health personnel and utilization of appropriate community resources.

*SCHOOL HEALTH EDUCATOR.* An individual with professional preparation in health education or health science who is qualified for certification as a health teacher and for participation in the development, improvement and coordination of school and community health education programs.

*SCHOOL HEALTH PROGRAM.* The composite of procedures and activities designed to protect and promote the well-being of students and school personnel. These procedures and activities include those organized in school health services, provision of a healthful environment, and health education.

Even with these definitions there are still many stereotypes of what health education is not and what it is.

It is not old fashioned hygiene and its emphasis on bones and muscles. It is not just anatomy and physiology. It is not physical education or physical fitness. It is not just good grooming. Even though these things and many other topics are important, health education is much more than content.

School health education should be exciting, innovative, imaginative, unique, moving! Yes, even controversial. It is education for health of the total individual, which encompasses how he thinks, how he feels and how he behaves.

It should be aimed at prevention. This would correct a basic misconception that we have had for too long—that is an almost completely therapeutic approach to solving problems which have already developed. Increasingly, the health problems we are dealing with do not respond to therapy, but need to be prevented in the first place, as stated by Dr. Ronald Vincent.

> For our cigarette users we build heart, cancer and respiratory disease institutes. For our alcoholics, addicts and venereal disease sufferers, we build diagnostic and rehabilitation centers, with mental hospitals and correctional institutes held in reserve. All of these with so little thought or research given to support the thesis that if our youth were given relevant information systematically and professionally, at a time in their lives when it could be of some value, they might very well solve the majority of these problems themselves with that selfsame common sense that we do not give them credit for having. I propose to you, that if a solution to these medical problems does not come by the positive decisions

---

[1] Developed by the Curriculum Commission, School Health Division of the American Alliance for Health, Physical Education and Recreation (AAHPER).

[2] This and the following definitions are from the *Report of the Joint Committee on Health Education Terminology*, March 15, 1973.

> of an enlightened youth, the solution is not likely to come at all . . . health, education has the potential to be one of the most vital, practical, and rewarding courses among those that are taught. Its substance dwells close to the purpose of life itself and the very core of human relationships.[3]

The task force appointed by the state superintendent to develop criteria to meet provisions for health instruction required by state statute 121.02 (Chapter 90) recommended the following 10 points as components of a comprehensive health education program. Health education should:

1. Be aimed at prevention of individual physical, emotional and social health problems;
2. Be one that provides a healthful school environonment which reinforces what is being taught in the classroom;
3. Include instruction in the major areas of physical health, social health, mental health, environmental and community health, and education for survival;
4. Be developed through cooperative planning by educators, students, parents, and other advisory committee members;
5. Be designed to promote and develop positive attitudes and practices toward the solution of public health problems;
6. Be based upon current and scientifically accurate health information;
7. Bridge the gap between health information and health practices;
8. Be coordinated on a multi-disciplinary basis with related subject areas;
9. Focus on the positive aspects of optimal health, and not be totally centered on the study of health problems; and
10. Facilitate the exploration and use of innovative and creative instructional methods, which actively involve students in the achievement of established objectives.

## What Do We Do Locally?

However, no matter how many authoritative persons support health education or how many state or federal statutes mandate it, the final responsibility for implementation of a quality program must be assumed by the local school district. The authors of this article feel that if the following steps are taken a quality health education program can become a reality.

1. An administrative decision must be made that health education is essential.

2. Time and resources including funds must be allocated for curriculum development, implementation and evaluation.

3. Someone must be assigned the responsibility for coordination of the instructional program. Time to actually coordinate must be provided if real coordination of the program is to occur.

4. A community-school health education advisory committee should be formed of interested parents, teachers, medical professionals, students, health agency personnel, clergy, school administrators and others. The coordinator along with the advisory committee should:
   - A. Develop "we believe" statements as a rationale for school health education.
   - B. Identify the status of health instruction in the total school curriculum.

---

[3] Ronald G. Vincent, M.D., "Physicians Role in the Health Program," *New York State Association Journal for Health, Physical Education and Recreation*, Spring 1970.

C. Decide how the health curriculum needs to be changed to meet goals within the context of the "we believe" statements.
D. Relate the curriculum planning to policies and activities in pupil services including guidance, health services, psychological services, and social work.
E. Survey the community in terms of their interests, attitudes, and concerns about health education. An example of such a survey is the "Columbia County School Health Education Survey." (Copies available from the Health Planning Council, Inc., 310 Price Place, Madison, WI 53705.)

5. A steering committee representing both elementary and secondary levels should be established with representation from the advisory committee. This steering committee should:
   A. Develop measurable objectives to meet the goals or competencies established by the advisory committee.
   B. Use expert resource people and current materials.
   C. Write or adapt a curriculum guide showing how the instructional sequence fits into the system's education program.
   D. Decide which health units will be included at each grade level, K-6.
   E. At the secondary level, 7-12, decide at which grade level separate structured courses shall be offered and where specific health units will be taught in related subject areas.
   F. Review and select appropriate materials for use in the program.

6. Implementing the program requires prepared and interested teachers who will do the actual instruction.
   A. At the K-6 level, if inservice is needed, the district should request outreach programs from the universities to improve teacher competencies. (The following universities in Wisconsin have approved health education programs: UW-La Crosse, UW-Madison, UW-Milwaukee, UW-Oshkosh, UW-River Falls, UW-Superior, UW-Whitewater, and UW-Stevens Point. Qualified health educators at the local level along with other local and state resources should also be used for inservice purposes.)
   B. At the secondary level the assignment of professionally prepared, interested and enthusiastic health teachers is the best guarantee for a quality program. However, if necessary, an inservice program similar to that for the elementary level could be established.

7. Evaluation of the program should be a continuing process directed by the health education coordinator and monitored by the advisory committee to determine whether the instructional program meets the established objectives and is adequate to meet the needs of all pupils. This evaluation might include:
   A. Pre-tests and post-tests to determine pupil knowledge, interests, attitudes, and practices related to the health curriculum;
   B. Pupil self-evaluation of health status and practices;
   C. Teacher self-evaluation to assess instructional performance and curriculum relevance; and
   D. Involving students, administrators, teachers, and others in the evaluation process.

Will the investment of all this time, professional expertise, money and effort pay off? If you believe with the authors that education for health can improve knowledge, positively influence attitudes, and help create a society of people with better health practices than we presently have, then it is worth the investment.

State of Wisconsin DEPARTMENT OF PUBLIC INSTRUCTION

*Barbara Thompson, Ph.*
*State Superintende*

*Dwight M. Stevens, Ph.D.*
*Deputy State Superintendent*

November 17, 1976

SUBJECT: REVISED POSITION PAPER ON FAMILY EDUCATION

Dear District Administrator:

Attached for your information is the department's revised position paper on Family Education. You may wish to share this paper with your board and appropriate staff. We hope it will be helpful to school boards as they reevaluate their programs.

I believe public education should be a guiding and important factor in producing strong and positive family environments in these changing times. Public schools in Wisconsin have been working hard to help parents deal more effectively with their children . . . at all ages. Two examples are parent effectiveness training at the elementary, middle, and junior high school levels, and family living courses in the high schools.

At the current time, many Wisconsin elementary and middle schools offer parent effectiveness training programs which consist of classroom lectures, role playing, and a discussion of experiences. The courses can also deal with individual parenting problems, such as sharing and sibling rivalry, allocation of chores around the home, homework-related problems, and problems with youngsters being late for meals. The feedback on parenting courses has been very positive. The sessions give parents what we call "Active Listening Skills" and tune parents into the attitudes and skills needed to avoid the common pitfalls of parenting.

Additional Wisconsin schools have instituted other types of programs. Some districts have parent advisory committees . . . where parents offer advice on how a counseling program can best meet their needs and their children's needs. In other districts, high school counselors conduct seminars for parents and graduating students which are meant to prepare the graduating student for his or her life after high school. Topics covered include assistance with post-secondary school admission, financial aids counseling, and adjusting to college or a working environment. Other counselors are using instructive and informative programs. Three good examples are "Bread and Butterflies," "Inside Out," and "Self, Inc." Such programs are used with parent groups to improve their understanding of the emotional, intellectual, and career development of their children.

In the State of Wisconsin, 302 public school districts, almost 75 percent, offer some type of course in family relations covering many important topics in addition to the normal, enjoyable situations of family life. Family relations courses are offered primarily in grades 8-12. The interest in these courses has expanded greatly. In some districts, as many as 90 percent of the high school seniors are taking a family relations course.

As you may know, each year the Kettering Foundation funds a Gallup Poll on the public's attitudes toward the public schools. The results of the poll reveal strong public support for courses which will help parents help their children in school. The survey results are enclosed for your information.

Our parent effectiveness training and family relations/living courses in Wisconsin public schools provide the skills and methods for improvement in the quality of family and school relationships. I believe we can all be proud of the progress we are making in the vital area of family education.

Sincerely,

Barbara Thompson

Barbara Thompson
State Superintendent

BT:pt

Enclosures

## COURSES TO HELP PARENTS HELP THEIR CHILDREN IN SCHOOL*

For many decades, teachers and parents have tacitly accepted something akin to a "territorial imperative." The province of the school was not to be invaded by parents; conversely, the province of the home was off limits to teachers.

This arrangement is rapidly falling apart, as it becomes apparent that the schools cannot function properly unless parents cooperate with teachers and unless teachers give guidance to parents.

It is obvious to parents, and to the public at large, that a new kind of shared responsibility must be accepted if students are to gain most from their education.

Both the public and parents have shown their willingness in many previous surveys to work more closely with the schools. What has been lacking is a modus operandi. The proposal presented to respondents in the 1976 survey offers one way that the schools can help parents.

Many good ideas for improving education are turned down because they require higher taxes. The real test, therefore, of how much the public really supports a given proposal is to find out if the people who favor it are willing to have their taxes increased in order to put the proposal into effect.

In the case of the proposal to offer courses for parents as part of the regular public school system, those who favor the idea are also ready to accept a tax increase by a ratio of 51 percent to 21 percent.

The first question asked:

> As a regular part of the public school educational system, it has been suggested that courses be offered at convenient times to parents in order to help them help their children in school. Do you think this is a good idea or a poor idea?

| | National Totals % | No Children In Schools % | Public School Parents % | Parochial School Parents % |
|---|---|---|---|---|
| Good idea | 77 | 76 | 78 | 74 |
| Poor idea | 19 | 18 | 20 | 25 |
| Don't know/ no answer | 4 | 6 | 2 | 1 |

And of those who approved the idea, this additional question was asked:

> Would you be willing to pay additional taxes to support such a program?

---

*Gallup, George H., "Eighth Annual Gallup Poll of the Public's Attitudes Toward the Public Schools," Phi Delta Kappan, October 1976, pp. 192-193.

| | National Totals % | No Children In Schools % | Public School Parents % | Parochial School Parents % |
|---|---|---|---|---|
| Yes | 51 | 50 | 52 | 50 |
| No | 21 | 21 | 21 | 24 |
| Don't Know/ no answer | 5 | 5 | 5 | |

The most interesting finding when the results are analyzed is that the youngest age group--those from 18 to 29 years old--overwhelmingly supports the idea, and by a greater margin than the older age groups. Parents of children in the public schools vote 78 percent to 20 percent in favor of the proposal.

The results by major groups:

| | Good Idea % | Poor Idea % | Don't know/ No Answer % |
|---|---|---|---|
| NATIONAL TOTALS | 77 | 19 | 4 |
| Sex | | | |
| Men | 77 | 20 | 3 |
| Women | 77 | 18 | 5 |
| Race | | | |
| White | 76 | 20 | 4 |
| Nonwhite | 84 | 7 | 9 |
| Age | | | |
| 18 to 29 years | 83 | 13 | 4 |
| 30 to 49 years | 79 | 18 | 3 |
| 50 years and over | 70 | 23 | 7 |
| Education | | | |
| Grade School | 70 | 20 | 10 |
| High School | 77 | 19 | 4 |
| College | 81 | 17 | 2 |
| Community Size | | | |
| 1 million and over | 80 | 13 | 7 |
| 500,000-999,999 | 80 | 18 | 2 |
| 50,000-499,999 | 80 | 18 | 2 |
| 2,500-49,999 | 74 | 24 | 2 |
| Under 2,500 | 72 | 21 | 7 |
| Region | | | |
| East | 76 | 18 | 6 |
| Midwest | 73 | 23 | 4 |
| South | 82 | 13 | 5 |
| West | 75 | 22 | 3 |

**State of Wisconsin** *DEPARTMENT OF PUBLIC INSTRUCTION*

*Barbara Thompson, Ph.D.*
*State Superintendent*

*Dwight M. Stevens, Ph.D.*
*Deputy State Superintendent*

November, 1976

# POSITION PAPER ON FAMILY EDUCATION*

Education of the total child for total living is the goal of today's educators in Wisconsin's elementary and secondary schools.

With this commitment, the schools have a responsibility to provide instruction in family education which will enable each student to relate in a meaningful manner to the present as well as future family. To develop this concept, various facets related to the developmental needs of the child should be coordinated and included in each grade level, kindergarten through twelfth grade, in subject areas in which they are relevant.

In the family education area, more than in any other area of curriculum, educators must recognize: the interests and needs of youth, the role and responsibilities of parents, the contributions of institutions and other community agencies to the maturation and socialization processes. The school serves as an extension of family education through the roles which teachers and other personnel assume within their educational role to children. Thus, the significant influence of teachers provides a unique opportunity to supplement the family training and to exert leadership in making family education a constructive and positive experience for children.

Family education has been provided informally ever since people began to live in family units. Today, the high rates of delinquency, illegitimacy, mental illness, divorce and family discord indicate the need for a more positive and meaningful preparation for family living. There is general consensus that the home (or parent) is basically responsible for providing family education for children through their adolescent years. Religious institutions share the responsibility, particularly in the moral sphere. There is less consensus about the school and the person's role in seeking understanding and in developing behavior which is acceptable to society as well as to self.

## DEFINITIONS

Family life is the personal, social and cultural relationship which exists between or among individuals. Family education is education about and preparation for these personal, social and cultural relationships. Its basic underlying concern is the promotion of self-understanding and the nurturing of positive interpersonal relationships. Built on this base are the roles and needs of human beings and the provisions for their individual development.

---

*Revision of April, 1969 Position Paper

## PURPOSE

The purpose of family education is to help students obtain factual knowledge and develop their attitudes and values which will result in responsible behavior that contributes to the well-being of the individual, family and the society.

## CONSIDERATIONS FOR BOARDS AND ADMINISTRATORS

In planning to supplement the family education which students receive from other sources, the school should give serious consideration to:

1. Including family education as identified in State Statute 118.01 (11) FAMILY AND CONSUMER EDUCATION. "Every public high school shall provide instruction, as part of one or more existing courses...on the rights and responsibilities of the family and consumer..."
2. Understanding the needs and wishes of the young people and assisting them to determine their responsibilities in this area.
3. Understanding the responsibility of the home and family, and other institutions as well as the school for the many aspects of family education.
4. Aiding faculty in defining over-all goals of family education in both personal and social terms and then selecting priority goals appropriate for the school.
5. Developing working relationships with children and parents to encourage them to assume their responsibilities and to strengthen the role of the home.
6. Cooperating with community agencies in adult family education.
7. Developing written policies for handling topics which may be controversial in the community.
8. Informing the community about the need for what will be included in family education before actual implementation.

Within this context it is appropriate for the school to plan and carry out a program of family education.

## CURRICULUM IN FAMILY EDUCATION

Because family education deals with the total individual directly, it touches on all areas of daily life and on all human relationships. How and when special attention should be given to the presentation of factual knowledge becomes of crucial importance in the development of attitudes and values.

To keep the school's part within understandable and manageable limits, it is necessary to:

1. State goals, objectives and concepts which are recognized as basic to acceptable personal, social and cultural relationships between individuals in today's world.

2. Plan a developmental and sequential learning progression incorporating these goals, objectives and concepts in grades K-12.

3. Coordinate various aspects of the family educational program among the related subject areas, i.e. home economics, health education, social studies, et al.

4. Provide opportunities for a summing up or pulling together of concepts for all students before they leave school so that they are better prepared to accept their responsibilities in establishing and maintaining families on their own.

5. Evaluation of the effectiveness of current family education relative to current social realities.

6. Plan for continuing evaluation of the effectiveness of the total family education program.

7. Determine criteria for selecting resources and develop guidelines based on programs that are geared to the present society.

# FOOD... Your Choice

A Nutrition Learning System

## FACT SHEET

### PROGRAM

FOOD ... Your Choice, A Nutrition Learning System consists of three sequential programs (Level 1, Level 2, Level 3) designed to prepare elementary students to make intelligent food choices and to establish healthful dietary habits.

Level 1 - Activities introduce five-to-seven-year-old students to basic nutrition concepts:

Why Do I Eat? What Do I Eat?
Where Does My Food Come From?
When and How Much Do I Eat?

Level 2 - Activities extend the Level 1 Concepts by focusing the attention of eight-to-nine-year-old students on greater details of:

The power of food. Food comparison.
Food classification. Food processing.
Lifestyles and consequences.

Level 3 - Activities assist ten-to-twelve-year-old students in nutrition decision-making by studying:

Nutrients in food. Factors That Influence
Eating Patterns and Food Choices.

### IMPORTANCE OF THE PROGRAM

Today people desperately need more information to successfully cope with such nutrition-related issues as obesity, tooth decay, food fads -- to name but a few. The nation's schools are facing the challenge of sharing an ever-greater responsibility for providing this information. FOOD ... Your Choice provides students and parents with the information necessary to establish and maintain lifelong healthful dietary habits.

## A WORD ABOUT THE AUTHORS

National Dairy Council and its affiliated units, recognized authorities in the field of nutrition education, have developed FOOD ... Your Choice, a Nutrition Learning System in consultation with curriculum, child development, psychology, sociology, nutrition and teaching specialists drawn from leading schools and universities. A complete list of consultants is on the last page of this FACT SHEET, entitled FOOD ... Your Choice Blue Ribbon Advisory Committee.

National Dairy Council is a non profit educational-scientific institution promoting human health through improved eating habits. NDC was organized in 1915 by dairy leaders with the assistance of nationally known health authorities and nutritionists. Across the nation, 36 affiliated Dairy Council units provide program services at regional, state and community levels, operating out of 125 offices in 44 states and the District of Columbia.

## WHAT'S DIFFERENT ABOUT FOOD ... Your Choice

FOOD ... Your Choice, A Nutrition Learning System is a 1977 program in nutrition education fulfilling new curriculum demands of elementary schools. The three packaged programs are interdisciplinary, multi-ethnic, multi-level, and activity-oriented. They have been demonstrated to be significant nutrition instructional programs. Most importantly, kids and teachers enjoy FOOD ... Your Choice.

## HOW TO OBTAIN

FOOD ... Your Choice will be available for the 1977-78 school year. Act now by calling the local Dairy Council and scheduling workshops for your school district.

For more information contact:

CAROL JEAN ERWIN
EXECUTIVE DIRECTOR
THE DAIRY COUNCIL OF WISCONSIN INC.
12345 West Capitol Drive
Milwaukee, WI 53222 414/466-1340

## VALIDATION

FOOD ... Your Choice has undergone extensive national learner verification and revision processes. Seventy-six teachers and 2,911 students in urban, suburban, and rural elementary schools participated in verification of this nutrition learning system. Students who have experienced FOOD ... Your Choice show significant increases in nutrition knowledge and positive attitudes toward healthful food choices.

## PROGRAM COMPONENTS

FOOD ... Your Choice is packaged in three levels:
Level 1 - Kindergarten-Grade 2
Level 2 - Grades 3-4
Level 3 - Grades 5-6.

The primary components of the program are:

- Teacher Guide, which includes instructional concepts, objectives, learning activities, background information and resources needed.
- Student Material Spirit Master Booklet containing worksheets, mini posters, evaluative materials, parent information -- all press-ready for duplication.
- Resource Material, for the teacher and students in the classroom.
- Take-Home Material, to provide supplemental nutrition materials to link classroom activities with practices in the home.

## TIME DEMANDS

FOOD ... Your Choice is designed for introduction to school systems and individual teachers through a Two-Hour workshop session.

FOOD ... Your Choice is designed to be used in sequence by teachers of kindergarten through sixth grade. Twenty hours of classroom instruction and student participation are anticipated for each grade level. However, a large degree of flexibility is built into the program in order to accommodate individual teacher needs. The number of hours suggested for classroom instruction and student participation are as follows:

| | | HOURS | RECOMMENDED GRADE LEVEL |
|---|---|---|---|
| LEVEL 1: | Unit 1 | 10 | Kindergarten |
| | Unit 2 | 10 | Kindergarten-Grade 1 |
| | Unit 3 | 10 | Grades 1-2 |
| | Unit 4 | 10 | Grade 2 |
| LEVEL 2: | Unit 1 | 20 | Grades 3-4 |
| | Unit 2 | 10 | Grade 3 |
| | Unit 3 | 10 | Grade 4 |
| LEVEL 3: | Unit 1 | 20 | Grades 5-6 |
| | Unit 2 | 20 | Grades 5-6 |

# FOOD ... Your Choice BLUE RIBBON ADVISORY COMMITTEE

**BROAD EDUCATION**
James Kelly, Jr., Ph.D., Dean
School of Education
University of Pittsburgh
Pittsburgh, Pennsylvania

**CURRICULUM DESIGN**
Audrey B. Champagne, Ph.D.
Learning Research and Development Center
University of Pittsburgh

Herb Jones, H.S.D.
Dept. Health Science
Ball State University
Muncie, Indiana

Robert H. Kirk, H.S.D.
Dept. Health Education
University of Tennessee
Knoxville, Tennessee

**EDUCATIONAL PSYCHOLOGY**
Herbert J. Walberg, Ph.D.
Professor of Research and Urban Education
College of Education
University of Illinois - Chicago Circle
Chicago, Illinois

**TRAINING STRATEGY**
Gus T. Dalis, Ed.D.
Curriculum Specialist
Los Angeles County Schools
Downey, California

Ben B. Strasser, M.A.
Curriculum Specialist
Los Angeles County Schools
Downey, California

**SCHOOL ADMINISTRATOR**
Carlos Saavedra, Ed.D.
Director of Bilingual Unit
State Dept. of Education
Denver, Colorado

**PROJECT IMPLEMENTATION MANAGER**
Donald L. Hoops, Ph.D.
National Dairy Council

**TEACHERS**
John A. Ensworth, M.Ed.
Bend, Oregon

Bruce McQueen, B.A.
Olympia, Washington

Jessye Anglin, B.S.
Chicago, Illinois

**NUTRITION EDUCATION**
Mary Lou DeZeeuw, R.D.
Director, Nutrition and Nutrition Education
American School Food Service Association
Denver, Colorado

**INSTRUCTIONAL SYSTEMS**
Thomas E. Cyrs, Jr., Ed.D.
Director of Instructional Systems Development
College of Pharmacy
University of Minnesota
Minneapolis, Minnesota

**PUBLIC HEALTH WITH SOCIAL PSYCHOLOGICAL BACKGROUND**
Godfrey M. Hochbaum, Ph.D.
School of Public Health
University of North Carolina
Chapel Hill, North Carolina

**TEACHER TRAINING**
Jackson J. Martin, Ed.D.
Professor of Education
Eastern Washington State College
Cheney, Washington

**CURRICULUM MANAGEMENT**
Roland E. Barnes, Ed.D.
Professor of Education
University of Pittsburgh

**PROJECT COORDINATOR**
Mary Hughes, Ph.D.
National Dairy Council

**SPECIAL REVIEW COMMITTEE**
Dorothy Callahan, R.D.
School Food Service Director
Massachusetts Department of Education
Boston, Massachusetts

Lenora Moragne, Ph.D., Head
Nutrition Education & Trainin
Food and Nutrition Service, U.S. Dept. of Agriculture
Washington, D.C.

Hazel T. Spitze, Ed.D.
Associate Professor
College of Education
Div. of Home Economics Education
University of Illinois
Urbana, Illinois

**RESEARCH SERVICES**
Maurice J. Eash, Ed.D.
Acting Dean
College of Education
Director, Office of Evaluation Research
University of Illinois - Chicago Circle

Harriet Talmage, Ph.D.
Professor of Education
College of Education
University of Illinois - Chicago Circle

**PROJECT EVALUATION MANAGER**
Dorothy Galbreath, Ph.D.
National Dairy Council

**PROJECT WRITERS**
Jeanne S. Morrow, B.S.
National Dairy Council

Lynne E. Tomer, M.Ed.
National Dairy Council

Richard J. Walther, M.P.H.
National Dairy Council

**GRAPHIC/PRODUCTION MANAGER**
Richard B. Selover, B.F.A.
National Dairy Council

# HEALTH

# 1977

# PUBLICATIONS

THE WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH
P.O. BOX 309
MADISON, WI 53701

Single copies of the publications listed in this catalog will be sent to Wisconsin residents on request. As long as supplies permit, reasonable quantities of publications printed by the Division of Health will be supplied for teaching or other educational use.

If you are interested in a subject or title not specifically shown in this catalog, let us know what your interest is. We may be able to help.

Please address all health publication inquiries to:

Wisconsin Division of Health
P.O. Box 309
Madison, Wisconsin 53701

Division of Health:

| | |
|---|---|
| DH | Dental Health |
| FA | Facilities Assistance |
| HE | Health Education |
| HF | Health Facilities and Services |
| HI | Health Information Services |
| HR | Hotel and Restaurant |
| MCH | Maternal and Child Health |
| Nutr | Nutrition |
| PD | Preventable Diseases |
| Stat | Statistical Services |

Other:

| | |
|---|---|
| NESS | National Easter Seal Society<br>Education and Information Services<br>2023 West Ogden Avenue<br>Chicago, Illinois 60612 |

## ARTHRITIS

About Gout
information about what gout is and is not . . . FA

Arthritis in Women
information on rheumatoid arthritis and osteoarthritis, including warning signals . . . FA

Home Care Programs in Arthritis
an exercise and activity manual . . . . . . . . FA

Living More Comfortably with Arthritis
exercises, devices and information . . . . . . FA

Osteoarthritis
a handbook for patients. . . . . . . . . . . . . FA

Quackery in Arthritis
fraudulent cures and treatments to watch for . . . . . . . . . . . . . . . . . . . FA

## CANCER

Cancer of the Breast
a message about cancer of the breast and how to detect it early . . . . . . . . . . . PD

Cancer of the Rectum
a message about rectal cancer and how to detect it early . . . . . . . . . . . . . . . . PD

Cancer of the Uterus
a case for yearly examination. . . . . . . . . . PD

Cervical Cancer is Curable--If Found in Time
information about a do-it-yourself Pap test kit . . . . . . . . . . . . . . . . . . . . . . PD

Cervical Cancer is Curable--If Found in Time
poster telling where to get more information. . . . . . . . . . . . . . . . . . . . . PD

Help Yourself to Recovery
exercises and activities for the post-mastectomy patient . . . . . . . . . . . . . . FA

## CHRONIC DISEASES

Rheumatic Heart Disease Prophylaxis Program
answers to questions about rheumatic fever, rheumatic heart disease and the rheumatic heart disease prophylaxis program . . . . . . . . . . . . . . . . . . . . . PD

The Artificial Kidney--What is it? How Does it Work?
explains the workings of an artificial kidney and its importance . . . . . . . . . . . PD

Information is also available from the Bureau of Preventable Diseases concerning diabetes, hypertension and the risk factors for heart attack.

## DENTAL HEALTH

Dental Health Guide
for those who care for and about the dental health of chronically ill, handicapped and elderly people . . . . . . . . DH

Dental Health for Preschool Children
tips on when and how to begin regular dental care . . . . . . . . . . . . . . . . . . . DH

Expecting a Baby?
dental care facts for expectant mothers (available in Spanish language version). . . . DH

Fluoridation--Better Teeth, Better Bones for Life
the case for fluoridating community water supplies . . . . . . . . . . . . . . . . . . . . DH

Fluorides for Your Dental Health
how to get fluoride benefits from three sources . . . . . . . . . . . . . . . . . . . . DH

Keep Your Teeth . . . You Can With Care!
how to avoid periodontal disease . . . . . . . DH

The Inside Story on Tooth Decay
a simple explanation of the "decay chain" and how to break it (poster also available) . . DH

Thumb Sucking
potential dental problems . . . . . . . . . . . DH

## EMPHYSEMA

Emphysema, the Facts
a short rundown of basic facts . . . . . . . . FA

Essentials of Living with Pulmonary Emphysema
a guide for patients and their families, including basic postural drainage exercises . . . . . . . . . . . . . . . . . . . . . FA

What You Can Do about Your Breathing
an illustrated handbook on how to get along with impaired breathing . . . . . . . . FA

## FOOD HANDLING

Hotel and Restaurant Bulletin Series
#2 Good Personal Hygiene is Important to Good Health
rules for food handling in establishments serving the public
#3 Keep It Cold
guidelines on refrigerating and freezing food safely
#7 Bar Sanitation Rules
tips on good housekeeping and sanitation
#8 Prevent Food-Borne Illness at the Fair
safety rules for those preparing food for the public at fairs
#15 Prevent Food Poisoning
a quick summary of what food poisoning is and how to avoid it . . . . . . . . . . . HR

Cold Facts About Home Food Protection
a good explanation of what causes food spoilage, what kinds of food are potentially the most dangerous and how to use your refrigerator or freezer most efficiently . . . HR

Food-Borne Illness
a chart showing 15 food-borne illnesses, causes and preventive measures . . . . . . . HR

Food Sanitation Manual
a guide for food service personnel on basic safe food handling techniques and sanitation practices in accordance with Chapter H 96 of the Wisconsin Administrative Code (50¢ each) . . . . . . . . . . . . HR

Sanitation Follies
a picture quiz on what makes safe food service. . . . . . . . . . . . . . . . . . . . HR

Posters
- Guard Your Health
- Guard Your Service
- Personal Hygiene
- Emergency Treatment of Burns
- No Smoking Signs
- Animals Prohibited
- Wash Hands Before Returning to Work . . . . HR

III-47

## HEALTH FACILITIES

Directory of General and Special Hospitals in Wisconsin
a list of state hospitals by city, including number of beds and ownership . . . . . . . . . HF

Directory of Nursing Homes and Residential Care Facilities
statistics on state-licensed facilites including capacities, ownership, Medicare certification, type of care and average daily census . . . . . . . . . . . HF

Nursing Home Rules
Chapter H 32 of the Wisconsin Administrative Code dealing with maintenance, operation, construction and equipment for skilled nursing care, intermediate nursing care and personal care homes . . . . HF

Rules of the Division of Health--General and Special Hospitals
Chapter H 24 of the Wisconsin Administrative Code . . . . . . . . . . . . . . . . . . HF

Rules of the Department of Health and Social Services--Residential Care Institution, Type I, Residential Care Facility
Chapter H 30 of the Wisconsin Administrative Code . . . . . . . . . . . . . . . . . . . HF

Rules of the Department of Health and Social Services--Residential Care Institution, Type II, Halfway House
Chapter H 31 of the Wisconsin Administrative Code. . . . . . . . . . . . . . . . HF

Rules of the Department of Health and Social Services--Intermediate Care Facilities, Public Institutions for the Mentally Retarded
Chapter H 34 of the Wisconsin Administrative Code. . . . . . . . . . . . . . . . HF

## IMMUNIZATION

Parents Be Wise--Immunize
short descriptions of diphtheria, whooping cough, tetanus, polio, rubeola, rubella, a suggested immunization schedule, plus a handy wallet-size immunization record. . . PD

Tetanus: Even a Small Scratch Can Kill
information on tetanus and why immunization against it is important . . . . . . . . . PD

## MATERNAL AND CHILD HEALTH

(*Included in PRENATAL & INFANT INFORMATION PACKET for Expectant Mothers available from MCH.)

*ABCs of Birth Control
a simple written booklet on family planning . . . . . . . . . . . . . . . . . . . . MCH

Birth Control--Methods That Work and Those That Don't
detailed description of methods used for family planning . . . . . . . . . . . . . . MCH

*Book References on Prenatal and Infant Care
a reading list for expentant parents. . . . . MCH

Breast Feeding Your Baby
a guide to breast feeding . . . . . . . . . . . MCH

*Child Safe
auto restraints. . . . . . . . . . . . . . . . . . MCH

*Expecting a Baby?
dental care facts for expectant mothers . . DH

*Facts You Should Know for Your Child's Birth Certificate . . . . . . . . . . . . . . . . . . MCH

Guide for Feeding Your Baby
helpful hints on baby feeding techniques and suggested ages of solid food introduction. . . . . . . . . . . . . . . . . . . . . . . . NUTR

Helping Baby Grow
correlates physical, psychological and emotional growth patterns with suggested ways of stimulating the baby's experiences during the first three years . . . . . . . . . MCH

*Infant Care
abundant baby care tips with index . . . . . MCH

*Nutrition for Parents and Healthy Babies
a listing of minimum daily food requirements for parents and children with special pointers for expectant mothers . . . NUTR

*Parents Be Wise--Immunize
short descriptions of diphtheria, whooping cough, tetanus, polio, rubeola, rubella, a suggested immunization schedule, plus a handy wallet-size immunization record . . PD

Pocket Guide to Babysitting
a comprehensive guide for beginning babysitters. . . . . . . . . . . . . . . . . . MCH

Post-Delivery Exercises
get-back-in-shape exercises to be considered jointly by the new mother and her physician . . . . . . . . . . . . . . . MCH

*Prenatal Care
an authoritative handbook for the mother-to-be from conception to the birth of her child . . . . . . . . . . . . MCH

What Everyone Should Know About VD
facts about VD. . . . . . . . . . . . . . . . . MCH

Your Child from 1-3 . . . . . . . . . . . . . . MCH

Your Child from 3-4 . . . . . . . . . . . . . . MCH

Your Child from 1-6 . . . . . . . . . . . . . . . MCH

Your Child from 6-12 . . . . . . . . . . . . . . MCH

*Your Smoking Affects Two Lives
how a pregnant woman's smoking can affect her newborn's health . . . . . . . . . . . HE

(See other items relating to mothers and children under Dental Health, Nutrition, Immunization, Safety, etc.)

## MULTIPLE SCLEROSIS

Mental Health and MS
a psychologist talks about coping with MS . . FA

MS Is a Family Affair
a booklet filled with practical guidance to help persons with multiple sclerosis (and other physical limitations) to live as independently as possible ($1.25 each) . . . NESS

MS--The Crippler of Young Adults
straight facts about multiple sclerosis . . . . FA

Multiple Sclerosis--Hope Through Research
progress in MS . . . . . . . . . . . . . . . . . . FA

## NUTRITION

Daily Food Guide (poster)
four basic food groups and how they should be combined for a well-balanced diet. . . . . . . . . . . . . . . . . . . . . . NUTR

Feeding Little Folks
food and the one to five-year-old child . . NUTR

Food Before Six
a feeding guide for parents of young children . . . . . . . . . . . . . . . . . . . NUTR

III-50

Food for Fun
delightful suggestions on how snacks can be nutritious as well as delicious. . . NUTR

Food for Health
a good meal planning guide showing basic food groups and how they can be used to plan well-balanced, inviting meals within your budget . . . . . . . . . NUTR

Food for Healthy Girls and Boys
basic nutrition for growing children . . . NUTR

Guide for Feeding Your Baby
baby feeding techniques and suggested ages for introduction of solid foods. . . . NUTR

Iron in the Food You Eat
a good explanation of why iron is needed in the diet, what foods are high in iron, sample menus and recipes . . . . . . . . NUTR

Nutrition for Parents and Healthy Babies
a chart of minimum daily requirements for parents and children with special tips for expectant mothers . . . . . . . . . . . NUTR

Why Iodized Salt in Wisconsin
a short explanation of the easiest way to prevent simple goiter in our state. . . NUTR

## PARKINSON'S DISEASE

Exercises for the Parkinson Patient
mimeographed exercises for rigid muscles. . . . . . . . . . . . . . . . . . . . . FA

Parkinsonism--Techniques to Minimize Problems and Maximize Functions . . . . . . FA

## SAFETY

Be Careful with That Christmas Tree
a sheet of safety tips . . . . . . . . . . . . HE

Protect Your Baby series
Birth to 6 Months
7 to 12 Months. . . . . . . . . . . . . . . . . HE

Protect Your Child series
Protect Your Child, 1 to 2 Years
Keep Your Child Safe, 2 to 3 Years
Teach Your Child to Be Safe, 3 to 6 Years
Safe on Their Own, 6 to 12 Years. . . . . . HE

Infant Furniture...Recommendations . . . . . HE

Make Sure Your Toys Are Fun or Educational
But Safe. . . . . . . . . . . . . . . . . . . . HE

Mr. Yuk Could Save Your Child's Life
information on a unique poison prevention
campaign. . . . . . . . . . . . . . . . . . HE

Poison Prevention Depends on You!
tips on poison-proofing your home . . . . . HE

Poison Prevention...Keep Poisonous
Substances Out of the Reach of Children. . . . HE

Protect Your Child from Animal Bites. . . . . HE

Protect Your Home Against Fire...Planning
Saves Lives. . . . . . . . . . . . . . . . . . HE

Safe Bicycling for Your Boy and Girl...
Safety Rules. . . . . . . . . . . . . . . . . HE

Safe Driving--a Parental Responsibility . . . HE

Safe Swimming for Your Boy and Girl. . . . . HE

Safety Checklist for the Aging and Handicapped
safety factors to be considered in
the home, yard and automobile. . . . . . . HE

Suggestions for the Babysitter. . . . . . . . . HE

...And Some Babysitting Reminders for
Parents. . . . . . . . . . . . . . . . . . . . HE

Your Child's Safety Depends on You
a safety checklist. . . . . . . . . . . . . . HE

## SMOKING

If You Must Smoke
a pamphlet written for those who can't
or don't want to quit smoking. . . . . . . . HE

Listen, Smokers
what happens in a smoker's body every
time he or she lights up . . . . . . . . . . HE

Resources on Smoking and Health
a list of agencies which may serve as
resources for materials on smoking
and health. . . . . . . . . . . . . . . . . . HE

Smoking and Your Heart
how smoking impedes normal
heart functions. . . . . . . . . . . . . . . . . . . HE

Smoking and Your Lungs
how smoking hinders normal
lung functions . . . . . . . . . . . . . . . . . . HE

Smoking Can Ruin Your Smile
the relationship between smoking and
periodontal disease, early tooth loss
and oral cancer . . . . . . . . . . . . . . . . . HE

Tar and Nicotine Content of Cigarettes
cigarette brands ranked from 1 to 130 . . . HE

Yes, There Are a Lot of Reasons for
Women to Quit Smoking
some short, convincing arguments . . . . . HE

You're Young, You're Female, and You
Smoke
straight talk on quitting smoking . . . . . . HE

Your Smoking Affects Two Lives
how a pregnant woman's smoking affects
the life of her baby even before it is born . HE

Non-Smoker's Bill of Rights (poster)
expresses the non-smoker's rights to
breathe clean air, to speak out and to act . HE

## STATISTICAL INFORMATION

Accidental Poisoning in Wisconsin--Deaths and
Reported Cases
deaths from accidental poisoning over a
4-year period and poisoning cases reported
over the same period. . . . . . . . . . . . . . Stat

Dental Hygienists Description and Distribution
statistics by Jane Cloak on distribution of
dental hygienists in the state. . . . . . . . . Stat

Drownings, 1966-70
statistics on site, type of action involved,
time of occurrence, etc. . . . . . . . . . . . Stat

Dynamics of Population and Households
by Henry C. Krebs, Wisconsin Economic
Indicators, July 1973, reprint outlining
effects of a changing population . . . . . . . Stat

Early and Periodic Screening, Diagnosis and
Treatment, 1975. . . . . . . . . . . . . . . . . . Stat

Family Planning Needs, 1968-72 . . . . . . . . Stat

Fatal Farm Accidents
statistics on accidents by age group involved,
residence, work status, type of accident, etc. Stat

Fatal Home Accidents
tables showing accident types, causes
rates, age groups involved, and
distribution by months. . . . . . . . . . . . . Stat

Hospitals, 1975. . . . . . . . . . . . . . . . . . Stat

Infant, Fetal, Neonatal and Perinatal Mortality
a report on sex, race, wedlock status, birth
order, type and age of mother; delivery
complications, congenital defects and cause
of deaths . . . . . . . . . . . . . . . . . . . Stat

Indians in Wisconsin--Births, Deaths and
Population . . . . . . . . . . . . . . . . . . . Stat

Inpatient Health Related Facilities, 1975 . . . Stat

Leading Causes of Death by Age and Sex,
1968-72 . . . . . . . . . . . . . . . . . . . . . Stat

Marriage and Divorce in Wisconsin
ages involved, numbers of children affected,
legal grounds for decree and numbers of
remarriages . . . . . . . . . . . . . . . . . Stat

Menominee County--Births, Deaths, and
Population . . . . . . . . . . . . . . . . . . . Stat

Optometrist Description and Distribution,
1975
data on state optometrists by number, age,
specialty and employment districts . . . . . Stat

Physical Therapists, Descriptive Statistics,
1976 . . . . . . . . . . . . . . . . . . . . . . . Stat

Physicians, Description and Distribution, 1975 . Stat

Provisional Summary of Vital and Health
Statistics, Wisconsin, 1975. . . . . . . . . . . . Stat

Public Health Statistics, 1973
vital statistics for Wisconsin, including births,
marriages, divorces, deaths, population
estimates . . . . . . . . . . . . . . . . . . . . Stat

Residential Care Facilities, 1975. . . . . . . . . Stat

Suicide in Wisconsin
data on suicide as a leading cause of death . . Stat

Wisconsin Nursing Homes, 1975
Facility Characteristics
Personnel Report
Resident Characteristics. . . . . . . . . . . . . Stat

## STROKE

An Adult Has Aphasia
for the family: the management and treatment
of aphasia. . . . . . . . . . . . . . . . . . . . FA

Aphasia and the Family
a guide to understanding aphasia, including the
problems, family's role and suggestions for
improving language skills . . . . . . . . . . . Stat

Cerebral Vascular Disease and Strokes
an explanation of what happens and what can be done about it . . . . . . . . . . . . . FA

Facts About Strokes
how they occur, treatment and prevention, and three keys to successful rehabilitation. FA

Language Problems After a Stroke
a guide for communication . . . . . . . . . FA

Strokes: A Guide for the Family
same as "Facts About Strokes" (above) but in more detail . . . . . . . . . . . . . . . . FA

Understanding Aphasia
helpful information and hints for family and friends. . . . . . . . . . . . . . . . . . FA

Understanding Stroke
several good hints . . . . . . . . . . . . . . FA

## VENEREAL DISEASE

Every Woman Should Know the Facts About Gonorrhea
answers to questions about gonorrhea . . . PD

For Women Only
for the woman who has just discovered she has gonorrhea. . . . . . . . . . . . . . PD

Homosexuality and Venereal Disease
basic information about venereal diseases, how they are spread and what to do about them . . . . . . . . . . . . . . . . . . . . . . . PD

Some Questions and Answers About VD
straight facts about syphilis and gonorrhea . . PD

VD
general information for the public on venereal disease in Wisconsin. . . . . . . . . PD

## MISCELLANEOUS

A-B-Cs of Occupational Therapy
easy-to-read explanation of what occupational therapy is. . . . . . . . . . . . . . . . . . . . FA

About Speech and Hearing Problems
what speech pathologists and audiologists do . FA

Achilles' Back
the back as the weakest part of the human body and what can be done to protect it from injury. . . . . . . . . . . . . . . . . . . . . . . FA

An Introduction to Physical Fitness
self-testing activities, graded exercises and a jogging program . . . . . . . . . . . . . . . FA

Asthma and the Facts
helpful tips on asthma and how to manage it. . FA

Back on the Job
pointers on the safest ways to lift
heavy loads . . . . . . . . . . . . . . . . . . FA

Directory of Speech and Hearing Services Offered in Wisconsin
services offered at universities, hospitals,
nursing homes, private practices, special
schools and private clinics . . . . . . . . . . FA

Dysphasia: The Patient, His Family and the Nurse
a discussion of how the family and nurse may
help the dysphasic person. . . . . . . . . . . FA

III-55

Health in Wisconsin
quarterly publication of the state Division
of Health, contains articles on a variety of
health subjects available, without charge,
to Wisconsin residents . . . . . . . . . . . . HI

How to Get Help If You Are Paralyzed
hints on how to take advantage of what has
been done by the government, state and
other agencies to help those who are
paralyzed . . . . . . . . . . . . . . . . . . . FA

Nursing Home Care
useful information on finding a nursing
home that meets your needs. . . . . . . . . . FA

Safety Check List for the Aging and Handicapped
safety factors to be considered in the home,
yard and automobile . . . . . . . . . . . . . . FA

Security Is an Eye Patch
Peanuts comic strip characters show
how "lazy eye" can be helped . . . . . . . . . FA

The Child With Minimal Brain Dysfunction
information on what MBD is and how
parents can help their children handle it . . . FA

The Fitness Challenge in the Later Years
a fitness program for older Americans . . . . FA

Want to Help Make the World Better?
a look at a career in the rehabilitation
professions . . . . . . . . . . . . . . . . . . . . FA